Complaint Form

Please complete and return to the school office who will acknowledge receipt and explain what actions will be taken.

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| Your name: |
| Pupil’s name (if relevant): |
| Your relationship with the pupil (if relevant): |
| Address:Postcode:Day time telephone number:Evening telephone number: |
| Please give details of your complaint, including anybody you have spoken to at school about it.  |
| What actions do you feel might resolve the problem at this stage?  |
| Are attaching any paperwork? If so, please give details. |
| Signature:Date: |
| **Official Use** |
| Date acknowledgment sent: |
| By who: |
| Complaint referred to: |
| Date:  |