**Complaints Form**

**Please complete and return to ………………………….. (name of staff member) who will acknowledge receipt and explain what action will be taken.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Your name:** | |  | |
| **Pupil’s name:** | |  | |
| **Your relationship to the pupil:** | |  | |
| **Address:**  **Postcode:** | |  | |
| **Day time telephone number:** | |  | |
| **Evening telephone number:** | |  | |
| **Please give details of your complaint.** *(continue on a separate page if necessary)* | | | |
|  | | | |
| **What action, if any, have you already taken to try and resolve your complaint.**  (e.g. Who did you speak to and what was the response? | | | |
|  | | | |
| **What actions do you feel might resolve the problem at this stage?** | | | |
|  | | | |
| **Are you attaching any paperwork? If so, please give details.** | | | |
|  | | | |
| **Signature:** |  | | |
| **Date:** |  | | |
| **Official use:** | | | |
| **Date acknowledgement sent:** | | |  |
| **By who:** | | |  |
| **Complaint referred to:** | | |  |
| **Date:** | | |  |

*Please return this form to the Headteacher or the school office FAO the Headteacher.*