

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)	

<p>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?)</p>	
<p> </p>	
<p>What actions do you feel might resolve the problem at this stage?</p>	
<p> </p>	
<p>Are you attaching any paperwork? If so, please give details.</p>	
<p> </p>	
<p>Signature:</p>	<p> </p>
<p>Date:</p>	<p> </p>
<p style="text-align: center;">Official use:</p>	
<p>Date acknowledgement sent:</p>	<p> </p>
<p>By who:</p>	<p> </p>
<p>Complaint referred to:</p>	<p> </p>
<p>Date:</p>	<p> </p>

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