

COMPLAINT FORM

Please complete and return to the School Office, marked for the confidential attention of the Head Teacher / Chair of Governors.

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.	

What action, if any, have you already taken to try and resolve your complaint.
(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, give details.

Signature:

Date:

Official use

Date acknowledgement sent:

By whom:

Complaint referred to:

Date: