



COMPLAINTS FORM

Please complete and return to the Headteacher/Chair of Governors who will acknowledge receipt and explain what actions will be taken.

Your name: _____ Pupil's name: _____

Your relationship to the pupil: _____

Address: _____

Postcode: _____

Daytime telephone number: _____

Evening telephone number: _____

Please give details of your complaint:

What action, if any, have you already taken to try to 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, please give details.

Signature: _____ Date: _____

For office use only

Date received: _____

Date acknowledgement sent: _____

Complaint referred to: _____

Date: _____