

Complaint Form

Please complete and return to your school who will acknowledge receipt and explain what action will be taken.

|  |  |
| --- | --- |
| **Name of School:** |  |
| **Your name:** |  |
| **Pupil / Student’s name (if relevant):** |  |
| **Your relationship with the Pupil/Student (if relevant):** |  |
| **Your address:** |  |
| **Email address:** |  |
| **Telephone number:** | Day time:Evening: |
| **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?**  |
| **Signature:** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **Official use** |  |
| **Date acknowledgement sent:** |  |
| **By who:** |  |
| **Complaint referred to:** |  |
| **Date:** |  |