



COMPLAINT FORM

Your name:
Pupil's name (if relevant):
Your relationship to the pupil (if relevant):
Address: Postcode: Day time telephone number: Evening telephone number: Email address:

Please give details of your complaint, including whether you have spoken to anybody at the school about it:

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:

Action taken:

Date: