Complaint Form

Title: Mr/Mrs/ Ms/Dr/Other*
(*please supply)

Surname

Forename(s)

Landline number:

Mobile number:

Address and Postcode:

Email Address:

How would you prefer us to contact you?

Pupil name (if relevant)

Your relationship to pupil (if relevant)

Please give details of your complaint and how you have been affected:

What action, if any, have you already taken to try and resolve your complaint?

What actions do you feel might resolve the problem at this stage?

When did you first become aware of the problem?

If it is more than 3 months since you first became aware of the problem, please give a reason why you have not complained before.

Are you attaching any documents to this complaint? Yes/No

Signature of complainant:

Date:

Signature if you are making a complaint on behalf of someone else

Signature:

Date:

Please state your relationship with the complainant and why you are making a complaint on their behalf:

FOR SCHOOL USE ONLY:

Date acknowledgement sent:

By whom:

Complaint referred to:

Date: