**COMPLAINT FORM**

**Please complete and return to the Headteacher/Chair of Governors who will explain what action will be taken.**

|  |  |
| --- | --- |
| Your name: |  |
|  |  |
| Address: |  |
|  |  |
|  |  |
| Postcode: |  |
| Daytime telephone number: |  |
| Evening telephone number: |  |
| E-mail address: |  |
|  |  |
| Pupil's name: |  |
|  |  |
| Please give details of your complaint. |  |
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| What action, if any, have you already taken to try and resolve your complaint? |
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| What actions do you feel might resolve the problem at this stage? |
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| Are you attaching any paperwork? If so, please give details. |
|  |  |
|  |  |
|  |  |
| Signature: | Date: |  |
|  |  |
|  |  |
| Official use |  |
|  |  |
|  |  |
| Date acknowledgement sent: |  |
|  |  |
| By: |  |
|  |  |
| Complaint referred to: | Date: |  |