|  |  |
| --- | --- |
| Title: Mr/Mrs/ Ms/Dr/Other\* |  |
| Surname: |  |
| Forename(s): |  |
| Contact Number: |  |
| Address and Postcode: |  |
| Email Address |  |
| How would you prefer us to contact you? |  |
| Student Name (if relevant) |  |
| Your relationship to student(if relevant) |  |

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

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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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| 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.

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

|  |  |
| --- | --- |
| Signature of complainant: |  |
| Date: | \_\_ / \_\_ / \_\_\_\_ |

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

|  |  |  |
| --- | --- | --- |
|  | Date: | \_\_ / \_\_ / \_\_\_\_ |
| Please state your relationships with the complainant and why you are making a complaint on their behalf: |

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| --- |
| **For School Use Only** |
| Date acknowledgement sent: |  \_\_ / \_\_ /\_\_\_\_ | Staff Code: \_\_ \_\_ \_\_ |
| Complaint Referred to: |  | Date: \_\_ / \_\_ / \_\_\_\_ |