

Complaints Form

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:

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?	__ / __ / ____
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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 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:		

For School Use Only

Date acknowledgement sent: __ / __ / ____ Staff Code: ____

Complaint Referred to: Date: __ / __ / ____