

Complaint Form



Complaint Form

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

Surname

Forename(s)

Landline
number:

Address
and
Postcode:

Mobile
number:

Email
Address:

How would you
prefer us to
contact you?

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



Complaint Form



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.

Signature of complainant:

Date:

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

Signature:

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:



Complaint Form

