



Grove Vale Primary School Complaint Form

Please complete this form and return it to the school office or to the Head Teacher who will acknowledge its receipt within 5 school days and inform you of the next stage in the procedure.

Your Name _____

Relationship with school (e.g. parent of a pupil on the school roll):

Pupil's name (if relevant to your complaint):

Your address:

Telephone numbers

Daytime:

Evening

Email:

Please confirm below the details of your complaint, include dates, names of witnesses and any other information which is relevant to enable your complaint to be investigated. Please continue on a separate sheet if more space is required.



If you have taken any actions to try to resolve this complaint please confirm the details below and include the names of people you have spoken to.

What actions do you feel might resolve the problem?

School use:

Date form received:

Received by:

Complaint being dealt with by:

Date acknowledgment sent:

Target response date: