

COMPLAINTS FORM			
Title: Mr/Mrs/Ms/Dr/Other*		Surname:	
Forename(s)			
Mobile:		Landline:	
Address:			
Postcode:			
Pupil Full Name: (If relevant)			
Relationship to pupil: (If relevant)			
Details of the complaint and how you have been affected:			

What action if any have you taken to resolve the complaint?			
What actions do you feel may resolve the problem at this stage?			
When we you first made aware of the problem?			
If it is more than 3months since you became aware of the problem, Please indicate why you haven't complained before?			
Any documents attached with complaint? (Yes/No)		Please list attached documents?	
Signature of Complainant			Date

If making a complaint on behalf of someone else, complete the following:

Signature			Date
Please state your relationship to the complainant and why you are making the claim on there behalf:			

SCHOOL USE ONLY			
Date received:		Received via (Hand/email/post	
Acknowledgement Sent (Date)		Acknowledgement Sent by:	
Complaint Referred to		Complaint No on Log	

*Copies of this form are available on the school website and from the school office.*

*Paper copies of this form can also be sent out on request.*