

# Complaint Form



Please complete and return to ..... head teacher/chair of governors who will acknowledge receipt and explain what action will be taken.

Your name:

Pupil's name:

Your relationship to the pupil:

Address:

Postcode:

Day time telephone number:

Evening telephone number:

Email:

Please give details of your complaint.

What action, if any, have you already taken to try to resolve your complaint. (Who did you speak to and what was the response)?

## Complaint Form

What actions do you feel might resolve the problem at this stage?

Are you attaching any paperwork? If so, please give details.

Signature:

Date:

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**Official use:**

Date acknowledgement sent:

By whom:

Complaint referred to:

Date: