

St Anne's Catholic Primary School Complaint Form

Title: Mr/Mrs/ Ms/Dr/Other* 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:



What action, if any, have you already taken to try and resolve your complaint?

[Redacted area for action taken]

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

[Redacted area for actions to resolve problem]

When did you first become aware of the problem?

[Redacted area for date]

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.

[Redacted area for reason for not complaining]

Signature of complainant:

[Redacted area for complainant signature]

Date:

[Redacted area for date]

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

Signature:

[Redacted area for signature]

[Redacted area for signature]

Please state your relationship with the complainant and why you are making a complaint on their behalf:

[Redacted area for relationship and reason]

FOR SCHOOL USE ONLY:

Date acknowledgement sent:

[Redacted area for date]

[Redacted area for date]

By whom:

[Redacted area for name]

[Redacted area for name]

Complaint referred to:

Date:



