# Complaint Form Stage 3

Please complete and return to the appropriate person as outlined in this policy, who will acknowledge receipt and explain what action will be taken.

| **Your name:** |  |
| --- | --- |
| **Pupil’s name (if relevant):** |  |
| **Your relationship to the pupil (if relevant):** |  |
| **Address:** |  |
| **Day time telephone number:** |  |
| **Evening telephone number:** |  |
| **Email address:** |  |

| **Reasons for requesting a Stage 3 Complaint Review (reasons why you feel your concerns have not been fully addressed, and any evidence that you feel has not been fully considered)** |
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|  |
| **Which element(s) of your complaint remain unresolved from the previous stage?** |
|  |
| **What outcome are you seeking from the Stage 3 Complaint Review?** |
|  |

| **Signature:** |  | **Date:** |  |
| --- | --- | --- | --- |

| **For Official Use** |
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| **Date of Acknowledgement:** |  | **Sent By:** |  |
| **Referred to:** |  |
| **Action Taken:** |  |
| **Date:** |  |