

Complaint Form

Please complete and return this form within 10 working days to the *complaints co-ordinator* (at your child's school office) 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:
Postcode: Day time telephone number: Evening telephone number:
Please give details of your concern, including whether you have spoken to anybody at the school about it.

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

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

Signature:

Date:

Official use

Date acknowledgement sent:

By who:

Complaint referred to:

Date:

