

APPENDIX 2: COMPLAINTS FORM



Please complete and return to nominated senior member of staff who will acknowledge receipt and explain what action will be taken.

Your name:
Pupil's name: (omit if complainant is a member of the public)
Your relationship to the pupil (omit if complainant is a member of the public)
Address:
Postcode:
Daytime telephone number: Evening telephone number:
Email address:
Please give details of your complaint:
What action, if any, have you already taken to try and resolve your complaint? (To whom did you speak and what was the response)?

What actions do you feel 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 whom:

Complaint referred to:

Date: