

Complaint Form

Please complete in BLOCK CAPITALS and return to the Clerk to Governors who will acknowledge receipt and explain what action will be taken.

Your name	
Student's name	
Your relationship to the student	
Address	
Postcode	
Contact telephone number (1)	
Contact telephone number (2)	

Please give details of your complaint below

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

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

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Are you attaching any paperwork?	YES / NO
If so, please give details.	
Signature:	Date:

For Official use only			
Date acknowledgement sent		Complaint resolved at which stage	
Acknowledgement sent by		Complaint recorded in school records	
Complaint referred to			
Complaint referred on (date)			