



COMPLAINTS FORM

CONFIDENTIAL

Please complete and return to the Headteacher who will acknowledge receipt and explain what action will be taken.

Your name	:	
Address	:	
Postcode	:	
Daytime telephone number	:	
Evening telephone number	:	

If you are the parent of a pupil who attends the school, please provide their name and your relationship:

Please give details of your complaint:

A large, empty rectangular box with a thin black border, occupying most of the page. This is likely a designated area for providing details of a complaint or for a signature.

What action, if any, have you already taken to resolve your complaint.
(who did you speak to 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:

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Signature:		Date:	
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Date acknowledgement sent	:	
By who	:	
Complaint referred to	:	
Date	:	