# COMPLAINT FORM

Please complete and return to the Head teacher/Chair of Governors who will acknowledge receipt and explain what action will be taken.

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| **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 complaint, including whether you have spoken to anybody at the school about it.** |
| **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:** |
| **Who by:**  |
| **Complaint referred to:** |
| **Date:**  |