

# COMPLAINTS FORM



**Please complete and return to the Chair of Governors c/o the School.**

Your name: .....

Pupil's name (if relevant): .....

Your relationship to the pupil: .....

Your address: .....

Daytime telephone number: .....

Evening telephone number: .....

Please give details of your complaint:

What action, if any, have you already taken to try to resolve your complaint? Who have you spoken to and what was the response?

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

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

Signature: ..... Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Date acknowledgement sent: .....

By whom: .....

Complaint referred to: .....

Date: .....

Final Action agreed/taken: .....

Signature: .....

(Chair of Governors)