



John F Kennedy Primary School Complaint Form

Please complete this form and return it to the Chair of the Governing Body who will acknowledge its receipt in writing and inform you of the outcome.

Your name:.....

Relationship with the school (e.g. parent of a pupil):

Pupil's name: (if relevant to complaint):

Your address:

Daytime telephone number:.....

Evening telephone number:.....

Please give concise details of your initial complaint, (including dates, names of witnesses etc....) to allow the matter to be fully investigated:

You may continue on a separate sheet, or attach additional paperwork, if you wish.

What action have you already taken to try to resolve your complaint? (i.e. who have you spoken with or written to and what was the outcome?)

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

Signature:

Date:

School use:

Date form received:

Received by:

Date acknowledgement sent:

Acknowledgement sent by:

Complaint referred to:			
Date:			