



COMPLAINTS FORM (general)

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

Your name	
Pupils name	
Your relationship to the pupil	
Address:	
Postcode:	
Day time telephone	
Evening telephone	
Details of your complaint	
What action, if any have you already taken to and	

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? Please give details...	
Signature:	
Date:	

Official use only

Date acknowledgment sent:

By who:

Complaint referred to:

Date: