|  |
| --- |
| **COMPLAINTS FORM** |
| PLEASE COMPLETE AND RETURN IN A SEALED ENVELOPE TO THE SCHOOL OFFICE. |
| Name: |  |
| Pupil’s name: |  |
| Relationship to pupil: |  |
| Address & postcode |  |
| Contact telephone number: |  |

|  |  |
| --- | --- |
| Please give details of your complaint: |  |
| What action, if any, have you taken to try and resolve your complaint? |  |

|  |  |
| --- | --- |
| Whom did you speak 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: |  |