**Complaints Form**

**Please complete and return to ………………………….. (name of staff member) who will acknowledge receipt and explain what action will be taken.**

|  |  |
| --- | --- |
| **Your name:** |  |
| **Pupil’s name:** |  |
| **Your relationship to the pupil:** |  |
| **Address:** **Postcode:**  |  |
| **Day time telephone number:**  |  |
| **Evening telephone number:** |  |
| **Please give details of your complaint.** *(continue on a separate page if necessary)* |
|  |
| **What action, if any, have you already taken to try and resolve your complaint.** (e.g. 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? If so, please give details.**  |
|  |
| **Signature:**  |  |
| **Date:** |  |
|  **Official use:** |
| **Date acknowledgement sent:**  |  |
| **By who:**  |  |
| **Complaint referred to:**  |  |
| **Date:** |  |

*Please return this form to the Headteacher or the school office FAO the Headteacher.*