

## **Complaint Form**

Please complete and return to The Headteacher who will acknowledge receipt and explain what action will be taken. **If you have a disability or special requirements you can contact us by telephone and we will arrange for an independent individual to help you by writing out your complaint.**

Your name:

Pupil's name (if relevant):

Your relationship to the pupil (if relevant):

Address:

Postcode:

Day time telephone number:

Evening telephone number:

Please give details of your complaint.

**What action, if any, have you already taken to try 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?**

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

Signature:

Date:

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**Official use**

Date acknowledgement sent:

By who:

Complaint referred to:

Date:



