

COMPLAINT FORM

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

Your name:

Address:

Postcode:

Daytime telephone number:

Evening telephone number:

E-mail address:

Pupil's name:

Please give details of your complaint.

What action, if any, have you already taken to try and resolve your complaint?

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:

Complaint referred to:

Date:

