Appendix 2 - Complaint Form

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

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 has been taken so far (including staff member who has dealt with it) or solutions offered:
What actions do you feel might resolve the problem at this stage? What outcome are you expecting?

Are you attaching any paperwork? If so, please give details.
Signature: **Date:**
Official use
Date acknowledgement sent:
By who:
Complaint referred to:
Date: