

## **Complaint Form**

Please complete and return to the *Head Teacher / Clerk / Chair of Governors*, 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 and postcode:	
Daytime telephone number:	Evening telephone number:
Your complaint is: (if you have more than one complaint, please number these in order of priority	
What action have you already taken to try and resolve your complaint(s)? (Who did you speak to and what was the response?)	
What would you like as an outcome from your complaint(s)?	
Are you attaching any paperwork? If so, please give details.	
Signature:	
Date:	

Official use
Date acknowledgement sent:
By who:
Complaint referred to:
Date: