**Complaint Form**

Title: Mr/Mrs/ Ms/Dr/Other\*

(

\*please supply

)

Forename(s)

Landline

number:

Address

and

Postcode:

Mobile

number:

Email

Address:

How would you

prefer us to

contact you?

Surname

Pupil name

(

if relevant

)

Your relationship to pupil

(

if relevant

)

Please give details of your complaint and how you have been affected:

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?

When did you first become aware

of the problem?

If it is more than 3 months since you first became aware of the problem, please give a reason why you have not complained before.

**FOR SCHOOL USE ONLY:**

Date acknowledgement sent:

By whom:

Complaint referred to:

Date:

Are you attaching any documents to this complaint? Yes/No

Signature of Date: complainant:

Signature if you are making a complaint on behalf of someone else

Signature: Date:

Please state your relationship with the complainant and why you are making a complaint on their behalf: