Exemplar complaint form

Please complete and return to (complaints co-or who will acknowledge receipt and explain what action will be taken. If you have difficultie completing the form please contact the school so specific arrangements to consider you complaint can be made.	es
Your name:	
Pupil's name (if applicable):	
Your relationship to the pupil (if applicable):	
Address:	
Postcode: Day time telephone number: Evening telephone number: E mail: 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?	

Are you a	ttaching any pa	aperwork? If so	, please give d	etails	
Signature	:				
Date:					
Official Us Date ackn	se Only lowledgement s	sent:			
By whom	:				
Complain	t referred to:				
Date:					