Complaint Form

## **Appendix 1: Complaint Form**

***Please complete and return to Head teacher’s Personal Assistant (complaints co-ordinator) 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, 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 attaching any paperwork? If so, please give details.**

Signature:

Date:

Complaint referred to **(staff member investigating):**

Date:

**Outcome: (to be completed by staff member investigating)**

Resolved/unresolved – Please indicate

Further action:

Signature

Date