



SALE HIGH SCHOOL



Complaint Form

Please complete in BLOCK CAPITALS and return to the Clerk, Mrs E Maguire, emaguire@salehighschool.org.uk who will acknowledge receipt and explain what action will be taken.

| | |
|---|-----------------|
| Your name | |
| Student's name | |
| Your relationship to the student | |
| Address | |
| Postcode | |
| Contact telephone number (1) | |
| Contact telephone number (2) | |
| Please give details of your complaint below | |
| | |
| What action, if any, have you already taken to try and resolve your complaint? (To whom 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? | YES / NO |
| If so, please give details. | |
| Signature: | Date: |

| | | | |
|------------------------------|--|--------------------------------------|--|
| For Official use only | | | |
| Date acknowledgement sent | | Complaint resolved at which stage | |
| Acknowledgement sent by | | Complaint recorded in school records | |
| Complaint referred to | | | |
| Complaint referred on (date) | | | |

