**Complaint form**

**Please complete and return to the school office for the attention of the Chair of Governors who will acknowledge receipt and explain what action will be taken.**

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| **Your name:** |
| **Pupil’s name:** |
| **Your relationship to the pupil:** |
| **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:** |
| **Official use****Date acknowledgement sent:****By who:** **Complaint referred to:****Date:**  |