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| Your name:  |
| Pupil’s name (if relevant):  |
| School name: |
| Your relationship to the pupil (if relevant):  |
| Address: Postcode:Day time telephone number: Evening telephone number:  |
| Please give details of your complaint. (Continue on a separate sheet if necessary) |
| What action, if any, have you already taken to try to resolve your complaint. (Who did you speak to and what was the response)?  |

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| 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:  |