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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: |