**COMPLAINTS FORM**

**Please complete and return to the Headteacher/Chair of Governors or Governance Professional who will acknowledge receipt and explain what action will be taken. If you have difficulties completing the form, please contact the school so specific arrangements to consider your complaint can be made.**

|  |  |
| --- | --- |
| **Your Name** |  |
| **Pupil’s Name****(if applicable)** |  |
| **Relationship to the pupil****(if applicable)** |  |
| **Address** |  |
| **Postcode** |  |
| **Daytime telephone number** |  |
| **Evening telephone number** |  |
| **Email** |  |
|  |
| **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 Only** **Date acknowledgement sent:** **By whom:** **Complaint referred to:** **Date** |