Complaint Form Appendix 2

Please complete and return to Mrs Buxton (Head Teacher) who will acknowledge receipt and explain what action will be taken. **If you have a disability or special requirements, you can contact us by telephone and we will arrange for an independent individual to help you by writing out your complaint.**

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: