

Complaint Form

Your name:			
Pupil's name (if relevant):			
Your relationship to the pupil (if relevant):			
Address:			
Daytime telephone number: Evening telephone number:			
Please state whether your complaint concerns a school (if so please name the school) or the Trust.			
Please give concise details of your complaint (including dates, names of witnesses etc.) to allow the matter to be fully investigated.			
What action, if any, have you already taken to try and resolve your complaint? I.e. whom have you spoken to and what was the outcome?			
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 received:		Date acknowledgement sent:	
Received by:		Sent by:	
Complaint referred to:		Date:	