

Please complete and return to the School who will acknowledge receipt and explain what action will be taken

Your Name:	Student's Name:
Your Relationship to Student:	Student's DOB and Form:
Address and Postcode:	Daytime Telephone Number:
	Evening Telephone Number:
Full details of complaint (including the names of all persons involved and the dates of incidents referred to):	
What action, if any, have you already taken to try and resolve your complaint (for example, 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:
For Official Use:	
Date Acknowledgement Sent:	
Name of Person Complaint Referred To:	
Signature:	Date: