

COMPLAINTS FORM

Please complete this form and return it to the school who will then forward it to the clerk of the governing body if required. Please continue on a separate sheet if necessary.

1. **Name:**

2. **Address:**

3. **Tel. No.:**

Home:

Work:

4. **Name of Child:**

5. **Your relationship to the child:**

6. **Details of the Complaint:**

(Please include the date or period of time to which your complaint relates):

7. **Please confirm whether you have already expressed your concerns informally, and to whom and when and what the response was:**

8. If you are attaching any paperwork please give details below:

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9. Please give below a clear statement of the actions you would like the academy to take to resolve your concern:

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Signed:

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Date:

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For office use only:

DATE COMPLAINT RECEIVED:		INTS:	
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DATE ACKNOWLEDGEMENT SENT:		INTS:	
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COMPLAINT REFERRED TO:		INTS:	
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