|  |
| --- |
| Your Name:  |
| Pupil’s Name (If relevant): |
| Your relationship to the pupil (If relevant): |
| Address:Contact number: Email address:  |
| Please give details of your complaint, including whether you have spoken to anybody at the school about it  |
| What actions do you feel might resolve the problem at this stage?  |
| Are you attaching any paperwork? If so, please give details  |
| Signature: Print Name: Date:  |
| Official use:Date acknowledgement sent:  |
| By Whom:  |
| Complaint Referred to:Date:  |

**Complaint Form**