**Our Complaint Form**

Please complete and return to The Complaints’ Co-ordinator who will acknowledge receipt and explain what action will be taken. **There should be no longer than 10 school days between the school sending this form to the complainant and the complainant returning the completed C ompl ai nts’ Form. If you require longer this should be in exceptional circumstances and the school should be notified of this within the 10 days.**

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| --- | --- |
| Your name: | |
| Student’s name (if relevant): | Year Group: |
| Your relationship to the student (if relevant): | |
| Address:  Postcode:  Daytime telephone number: Evening telephone number: Email address: | |
| Please give details of the specific nature of your complaint? What specifically (1 or 2 clear bullet points please)  is the substance of your complaint?  What has led you to make this 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 specifically would you consider to be a fair, reasonable and satisfactory outcome to your complaint if the investigation finds in your favour?

Are you attaching any paperwork? If so, please give details

Signature:

Date: Official use

Date acknowledgment sent:

By who:

Complaint referred to:

Action taken:

Date: