

Complaint Form

Title: Mr/Mrs/ Ms/Dr/Other*
(*please supply)

Surname

Forename(s)

Landline
number:

Address
and
Postcode:

Mobile
number:

Email
Address:

How would you
prefer us to
contact you?

Please give details of your complaint and how you have been affected:



What action, if any, have you already taken to try and resolve your complaint?

[Empty text box for action taken]

What actions do you feel might resolve the problem at this stage?

[Empty text box for actions to resolve problem]

When did you first become aware of the problem?

[Empty text box for date]

If it is more than 3 months since you first became aware of the problem, please give a reason why you have not complained before.

[Empty text box for reason]

Signature of complainant:

[Empty text box for signature]

Date:

[Empty text box for date]

Signature if you are making a complaint on behalf of someone else

Signature:

[Empty text box for signature]

[Empty text box for signature]

Please state your relationship with the complainant and why you are making a complaint on their behalf:

[Empty text box for relationship]

Completed forms should be forwarded for the attention of the appropriate person as indicated in the Complaints Policy.

FOR SCHOOL USE ONLY:

Date acknowledgement sent:

[Empty text box for date]

[Empty text box for date]

By whom:

Complaint referred to:

[Empty text box for name]

[Empty text box for name]

Date:

[Empty text box for date]

[Empty text box for date]

