**Complaint Form**

Please complete and return to Clerk to the Board of Trustees who will acknowledge receipt and explain what action will be taken.

|  |  |
| --- | --- |
| **Your name:** |       |
| **Pupil’s name (if relevant):** |       |
| **Address:** |       |
|       |
|       |
| **Postcode:** |       |
| **Daytime telephone number:** |       |
| **Evening telephone number:** |       |
| **Email address:** |       |

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| **Please give details of your complaint, including whether you have spoken to anybody at the school about it** |
|       |
| **What actions do you feel might resolved the problem at this stage?** |
|       |
| **Are you attaching any paperwork? If so, please give details** |
|       |
| **Signature:** |  |
| **Date:** |       |

|  |  |
| --- | --- |
| **Official use:** |       |
|       |
|       |
| **Date of acknowledgement:** |       |
| **By whom:** |       |
| **Complaint referred to:** |       |
| **Action taken:** |       |
| **Date:** |       |

Please use this link to submit this form to Clerk to the Board of Trustees