



COMPLAINTS FORM

Please provide the following information in order that we may process this matter without delay.

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| Name of Person Making the Complaint | |
| Address: | |
| Telephone No: | |
| Child's Name (if appropriate): | |
| Date of Complaint: | |
| Detail of Complaint: | |
| [Continue overleaf if necessary] | |
| Date Complaint received in School: | |
| Staff member taking details of Complaint: | |
| Staff member dealing with Complaint: | |
| Date & Detail of Response: | |
| Date of response letter to Complainant: | |
| Has Complaint been fully resolved? Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: Staff Signature: |