

***Be the Best We Can***

**Complaints Policy**

# ANNEX B

**Complaint Form**

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| **Your Name:** |
| **Pupil’s Name:** |
| **Your relationship to the pupil(if relevant):** |
| **Address:****Postcode:****Daytime telephone number: Evening telephone number:** |
| **Please give details of your complaint:** |
| **What action, if any, have you already taken to try and resolve your complaint(Who did you speak to you and what was their response)?** |

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| **What actions do you feel might resolve the problem at this stage?** |
| **Are you attaching any paperwork? If so, please give details.** |
| **Signature: Date:** |
| **Official Use** |
| **Date acknowledgment sent:** |
| **By Who?** |
| **Complaint referred to:** |
| **Date:** |
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