**CONFIDENTIAL**

Please complete and return to the Headteacher who will acknowledge receipt and explain what action will be taken.

|  |  |  |
| --- | --- | --- |
| Your name | : |  |
| Address | : |  |
| Postcode | : |  |
| Daytime telephone number | : |  |
| Evening telephone number | : |  |

|  |
| --- |
| If you are the parent of a pupil who attends the school, please provide their name and your relationship: |

|  |
| --- |
| Please give details of your complaint: |
| What action, if any, have you already taken to resolve your complaint. (who did you speak to and what was the response?) |
| What actions do you feel might resolve the problem at this stage? |
| Are you attaching any paperwork? If so, please give details: |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

|  |  |  |
| --- | --- | --- |
| Date acknowledgement sent | : |  |
| By who | : |  |
| Complaint referred to | : |  |
| Date | : |  |