Complaint Form

Please complete and return to Miss Collins, Head Teacher, who will acknowledge receipt and explain what action will be taken.

Your name:	
Pupil's name (if relevant):	
Your relationship to the pupil (if rele	vant):
Address:	
Postcode: Day time telephone number:	Evening telephone number:
Email Address:	
Please give details of your complaint, including whether you have spoken to anybody at the school about it.	

What actions do you feel might resolve the problem at this stage?	
Are you attaching any paperwork? If so, please give details.	
Are you attaching any paperwork? It so, please give details.	
Signature:	
Date:	
Official use	
Date acknowledgement sent:	
By who:	
Complaint referred to:	
Deter	
Date:	