

Christ Centred, Child Centred, Catholic Educational Excellence

COMPLAINT FORM

Please complete and return to the [Name] (Headteacher / Complaints Co-ordinator - delete as appropriate) who will acknowledge receipt and explain what action will be taken.

Your name:
Pupil's name (if relevant):
Your relationship to the pupil (if relevant):
Address:
Postcode:
Day time 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.	
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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.	
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Signature:
Date:
Official use
Date acknowledgement sent:
By who:
Complaint referred to:
Action taken:
Action taken.
Date:

