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

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| --- |
| **Your name**: |
| **Pupil’s name (if relevant):** |
| **Your relationship to the pupil (if relevant):** |
| **Address:**  **Postcode:**  **Day time telephone number:**  **Evening telephone number:** |
| **Please give details of your complaint** |
| **What action has been taken so far (including staff member who has dealt with it) or solutions offered:** |
| **What actions do you feel might resolve the problem at this stage? What outcome are you expecting?** |
| **Are you attaching any paperwork? If so, please give details.** |
| **Signature:**  **Date:** |
|  |
| *Official use* |
| *Date acknowledgement sent:* |
| *By who:* |
| *Complaint referred to:* |
| *Date:* |