Please complete and return to Mr E Barford who will acknowledge receipt and explain what action will be taken.

|  |
| --- |
| Your name: |
| Pupil’s name (if relevant): | Pupil’s Form Group |
| Your relationship to the pupil (if relevant): |
| Address:Postcode:Day time telephone number: Evening telephone number: |

Please give full details of your complaint, including dates and 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. |
| Signature:Date: |
| Official use |
| Date acknowledgement sent: |
| By who: |
| Complaint referred to: |
| Date: |