**Children’s Support Service**

**Complaints Form**

Please complete and return to the Headteacher

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| Name:Pupil’s name (if relevant):Your relationship to the pupil:Address:Daytime telephone numberEvening telephone number:Please give details of your complain: |
| What action, if any, have you already taken to try to resolve your complaint? Who have you spoken to and what was the response? |

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| What action 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 Whom:Complaint referred to:Date:Final Action agreed/taken:Signature: Headteacher/Chair of Management Committee |