**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 number  Evening 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 |