



COMPLAINTS FORM

Please provide the following information in order that we may process this matter without delay.

Name of Person Making the Complaint	
Address:	
Telephone No:	
Child's Name (if appropriate):	
Date of Complaint:	
Detail of Complaint:	
[Continue overleaf if necessary]	
Date Complaint received in School:	
Staff member taking details of Complaint:	
Staff member dealing with Complaint:	
Date & Detail of Response:	
Date of response letter to Complainant:	
Has Complaint been fully resolved? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: Staff Signature: