



Complaints Recording / Feedback Form

Personal Details

Name _____

Address _____

_____ Postcode _____

Daytime phone number _____ Evening phone number _____

If applicable, name of child(ren) and year in school

Your relationship to the school, e.g parent, carer, neighbour

Please give details of your complaint:

What action, if any, have you already taken to try and resolve your complaint?
Who did you speak to, when and what was the response?

What actions do you feel might resolve the problem at this stage?

Signature_____

Date_____

Official Use:

Date of acknowledgement _____

By Whom _____

Complaint referred to _____

Date _____