

Stannington First School – Complaint Form



Please complete and return to the headteacher or chair of governors (via school office) who will acknowledge receipt and explain what action will be taken.

Your name:
Pupil's name (if applicable):
Your relationship to the pupil (if applicable):
Address:
Postcode:
Day time telephone number:
Evening telephone number:
E mail:
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 and what was the response)?

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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 Only

Date complaint received:

Date acknowledgement sent:

By whom:

Complaint referred to:

Date: