

# ...where we are all inspired to learn

## Appendix 5 - Complaints Form

Please complete this form and return it to The Prince of Wales School Complaints Co-Ordinator

|   |
|---|
| Your name:  |
| Child/young person's name:  |
| Your relationship to the child/young person:  |
| Your Address:   |
| Daytime telephone number:   |
| Evening telephone number:   |
| Email:  |
| Please give concise details of your complaint, what you think the school did wrong or did not do. Include dates, names of witnesses etc.          |
| What action, if any, have you already taken to try to resolve your complaint? (who have you spoken with or written to and what was the outcome?). |

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What do you think the School should do to resolve matters at this stage?

Please list any paperwork you are attaching:

Do you need the paperwork to be returned to you: Yes/No

Signature: .....

Date: .....

### School Use

Date form received:

Received by:

Date acknowledgement sent:

Acknowledgement sent by:

Complaint referred to:

Date referred:

Date response sent: