

Giffards Primary School Complaints Procedure Form

Your name:

Pupils name:

Your relationship to the pupil:

Your address:

Your postcode:

Your daytime telephone number:

Your evening Telephone number:

Please give details of your complaint:

What action, if any, have you already taken to try to resolve your complaint, [who did you speak to and what was the response? Please complete on a separate sheet if necessary.

What action do you feel might resolve the problem? Please complete on a separate sheet if necessary

Are you attaching any paperwork? If so please give details:

Signature:

Date:

For official use only

Date complaint received:

Acknowledgement sent by:

Date acknowledgement sent:

Complaint referred to:

Date referred:

Record of subsequent procedures: