

Please complete and return this form to the Head Teacher / The Chair of Governors / The Clerk of the Governing Body (relevant stage of the Complaints Process) who will acknowledge receipt and explain what action will be taken.

Your name:									
Address:									-
Telephone	(Daytim (Evening	`							
E-mail:		<i></i>							
Your ch complaint):_					Group	(if	relevant	to	you
Please give to allow the					, (including	dates,	names of wit	:nesses	etc.)
		_					your complaiı		
have you s	poken wi	th or wr	itten to	and what	was the ou	itcome?)		
Who did yo	ou speak	to and v	vnat wa	s their res	sponse?				
What action	ns do you	ı feel mi	ight res	olve the p	roblem at t	his stag	e?		
Signature						Date_			
School Us	e only:								
	Date forn	n receiv	ed:						
	R€	eceived	by:						
Date ackr									
	<u>rledgeme</u>								
Co	mplaint r								
D -	La a <i>f f</i> !		ate:						
Da:	te of fina	ı respor	ise:						