

Complaint Form

Please complete and return to William Jaworski, Headteacher, who will acknowledge receipt and explain what action will be taken.

| Your name: |
|---|
| Pupil's name (if relevant): |
| Your relationship to the pupil (if relevant): |
| Address: |
| Postcode: |
| Day time telephone number: |
| Evening telephone number: |
| Please give details of your complaint, including whether you have spoken to anybody at the school about it. |
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| What actions do you feel might resolve the problem at this stage? |
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| Are you attaching any paperwork? If so, please give details. |
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| Signature: |
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| Date: |
| |
| Official use |
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| Date acknowledgement sent: |
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| By who: |
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| Complaint referred to: |
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| Date: |
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