

Complaint Reporting Form



Please complete in BLOCK CAPITALS and return to the Principal of the Academy, who will acknowledge receipt and explain what action will be taken.

Your name:	
Student's name (if applicable):	
Your relationship to the student (if applicable):	
Name of Academy:	

Address, including Postcode:	
Daytime telephone number:	
Evening telephone number:	
E-mail address	

Please give details of your complaint:

(Provide as much detail as possible about the matter, including dates and times of events, potential witnesses. You may also attach copies of any relevant documents)

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What action, if any, have you already taken to try and resolve your complaint?
To whom did you speak to and what was the response?

What actions do you feel might resolve the problem at this stage?

Are you attaching any paperwork? If so, please give details.

Signature:

Date:

For official use only

Date acknowledgement sent

Complaint referred to

Acknowledgement sent by

Complaint referred on (date)