

North Wingfield Primary School



Complaint Form

Please complete all sections:

Your Name: _____

Your Child(ren)'s Names: _____ Class(es): _____

Today's Date: _____

Please use the space below to describe your concern or complaint. Make sure that you include all details about people involved, places, dates etc. If you need more space please continue overleaf.

At the end say how you feel your complaint could be resolved.

Signed: _____

Date: _____

Have you spoken to any other employee of the school about the above: Y / N

If yes, who?: _____ when?: _____

Office use only:

Complaint being dealt with by: _____

Tick and date people seen: Ch' Par' C/T TA MS

H/T Gov LA