**GUIDANCE**

Please complete this form fully to help us to work with you. In the first instance, please read the Complaints Policy very carefully in deciding if you are raising a **concern** that you wish us to help resolve or a **complaint**. We endeavour to resolve anything you wish to raise as a concern in the first instance and welcome you working with us to do so.

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| **ARE YOU RAISING A CONCERN OR A COMPLAINT?** |  |
| **IF YOU ARE RAISING A COMPLAINT, PLEASE OUTLINE WHY YOU FEEL THIS IS THE COURSE OF ACTION YOU WISH TO TAKE** |
|  |
| **YOUR NAME:** |  |
| **PUPIL’S NAME (IF RELEVANT):** |  |
| **YOUR RELATIONSHIP TO THE PUPIL (IF RELEVANT):** |  |
| **ADDRESS:**  |  |
| **POSTCODE:** |  |
| **DAY TIME TELEPHONE NUMBER:** |  |
| **EVENING TELEPHONE NUMBER:** |  |
| **EMAIL ADDRESS:** |  |
| **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.** |
|  |
| **SIGNATURE:** |  |
| **DATE:** |  |
| **OFFICIAL USE** |
| **DATE ACKNOWLEDGEMENT SENT:** |  |
| **BY WHO:**  |  |
| **COMPLAINT REFERRED TO:** |  |
| **ACTION TAKEN:**  |
|  |
| **DATE:**  |  |