**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?** | | |
|  | | |
| **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:** |  | |