**Appendix B: Complaint Form**

**TRUST COMPLAINT FORM**

Please complete and return to the relevant person at the school/Trust central services (see page 2 of this policy) who will acknowledge receipt and explain what action will be taken.

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| **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 / Trust about it.**  |
| **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:**  |
| **Date:**  |