

 Wychwood CE Primary School

# Complaint form

Please complete and return to …………………………………………………… who will acknowledge receipt and explain what action will be taken.

Your name: ………………………………………………………………………… Address: …………………………………………………………………………….

…………………………………………………………………………………………

………………………………………………………………………………………… Postcode: …………………………………………………………………………….. Daytime telephone number: ………………………………………………………... Evening telephone number: ………………………………………………………... If applicable, name of child(ren) at school:

Please give details of your complaint:

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

 Your relationship to the school, e.g. parent, carer, neighbour, member of public:

*Continued overleaf*

### 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 of acknowledgement sent:**

 **By Whom:**

**Complaint referred to:**

**Date:**