

Appendix 1: Albright Education complaints Form



Please complete and return to the school office or to the Head Teacher who will acknowledge its receipt within 5 working days and inform you of the next stage in the procedure.

Your name _____

Relationship with school (e.g. parent of a pupil on the school roll):

Pupil's name (if relevant to your complaint):

Your address:

Telephone numbers

Daytime:

Evening:

Email address:

Please confirm below the details of your complaint, include dates, who / what the complaint regards, names of witnesses and any other information which is relevant to enable your complaint to be investigated. Please continue a separate sheet if more space is required.

Please list as separate points if your complaint is about more than one issue.

If you have taken any actions to try to resolve this complaint, please confirm the details below and include the names of people you have spoken to.

What actions do you feel might resolve the problem?

School use:

Date form received:

Received by:

Complaint being dealt with by:

Date acknowledgement sent:

Target response date: