

Dringhouses Primary School



FORMAL COMPLAINT FORM

Your name:

Pupil's name:

Your relationship to the pupil:

Address:

Postcode:

Day time telephone number:

Evening telephone number:

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)?**

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: