Formal Complaints

Complaint Form

Please complete and return to the Headteacher / CEO of the Trust as appropriate.

|  |
| --- |
| 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 about it. |
| What actions do you feel might resolve the probable at this safe? |
| Are you attaching any paperwork? If so, please give details. |
| Signature:  Date: |
| Official use |
| Date acknowledgement sent: |
| By whom: |
| Complaint referred to: |
| Action taken: |
| Date: |



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Your relationship to the pupil (if relevant):

Address:  
Postcode:  
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10

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What actions do you feel might resolve the problem at this stage?



THE TWO COUNTIES TRUST Ambition | Teamwork | Honesty

