

ALDERMAN KNIGHT SCHOOL COMPLAINT FORM

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

Your name:

Are you a: Parent/Carer Member of wider school community

Is your complaint in relation to: School Staff Pupil

Parent/Carer's to complete

Pupil's name:

Your relationship to the pupil:

All to complete

Address:

Postcode:

Day time telephone number:

Evening telephone number:

Email address:

Please give details of your complaint:



Alderman
Knight
School

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: