

Complaint Form

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

Name of Academy:	
Your name:	
Pupil / Student's name (if relevant):	
Your relationship with the Pupil/Student (if relevant):	
Your address:	
Email address:	
Telephone number:	Day time: Evening:
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?

Signature:

Date:

Official use

Date acknowledgement sent:

By who:

Complaint referred to:

Date: