Gipsy Hill

Federation

Complaint Form

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

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| Name | Click or tap here to enter text. | | |
| Pupil’s name (if relevant) | | Click or tap here to enter text. | |
| Your relationship to the pupil (if relevant) | | | Click or tap here to enter text. |
| Address | | | Click or tap here to enter text. |
| Postcode | | | Click or tap here to enter text. |
| Daytime phone number | | | Click or tap here to enter text. |
| Evening phone number | | | Click or tap here to enter text. |

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| Please give details of your complaint, include whether you have spoken to anybody at the school about it. |
| Click or tap here to enter text. |

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| What actions do you feel might resolve the problem at this stage? |
| Click or tap here to enter text. |
| Are you attaching any evidence? If so, please give details. |
| Click or tap here to enter text. |

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| --- | --- |
| Signature | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |

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| **Official Use Only** | |
| Date acknowledgment sent | Click or tap to enter a date. |
| By whom | Click or tap here to enter text. |
| Complaint referred to | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |