

Halsall St Cuthbert’s

C E Aided Primary School

**Appendix 1: Complaint Form – PRIVATE AND CONFIDENTIAL**

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| Your name: |
| Pupil’s name (if relevant): |
| Your relationship to the pupil (if relevant): |
| Address:Postcode:Daytime telephone number: Evening telephone number:Email address: |
| Please give details of your complaint, including whether you have spoken to anybody at the school about it. |
| 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: |
| Action taken: |
| Date: |

Do your best &

let God do the rest





**Partnership**