



The James Oglethorpe Primary School

Complaints Form

Please complete this form and return it to the Head Teacher who will acknowledge its receipt and inform you of the next stage in the procedure.

Your name:

Relationship with school [e.g. parent of a pupil on the school's roll]:
.....

Pupil's name [if relevant to your complaint]:
.....

Your Address:

Daytime telephone number:

Evening telephone number:

Please give details of your complaint, [including dates, names of witnesses etc...], to allow the matter to be fully investigated:

You may continue on separate paper, or attach additional paperwork, if you wish.

Number of Additional pages attached =

What action, if any, have you already taken to try to resolve your complaint? [i.e. who have you spoken with or written to and what was the outcome?]

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

Signature: _____ Name: _____

Date: _____

School use only:

Date Form received:

Received by:

Date acknowledgement sent:

Acknowledgement sent by:

Complaint referred to:			
Date:			