

Complaint Form

Please complete and return to the school office at belperschool@belperschool.co.uk who will acknowledge receipt and explain what action will be taken.

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| Your name: |
| Pupil's name (if relevant): |
| Your relationship to the pupil (if relevant): |
| Address: |
| Postcode: |
| Day time telephone number: |
| Evening telephone number: |
| Please give details of your complaint, including the name of the person who dealt with the initial concern and outcome. |

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: