



Our Lady of the Visitation Catholic Primary School

SCHOOL COMPLAINTS FORM

Please complete this form and return it to the Headteacher

Your Name:

Relationship with the School (e.g. parent of a pupil on the school's roll):
.....

Pupil Name (if relevant to your complaint):

Your Address:

Daytime telephone number:

Evening telephone number:.....

Please give concise 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?

Your signature:

Date of signature:

School Use

Date Form received:

Received by:

Date acknowledgement sent:

Acknowledgement sent by:

Complaint referred to:			
Date:			