



West Earlham Infant and Nursery School

Formal Complaint Form

Please complete this form and return it to the school office or 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):

Pupil's name (if relevant to the matter to be discussed)

Your Address:

.....
.....

Contact 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 documents, 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?

Signed Date

School use only:

Date Form received:.....

Received by:.....

Date acknowledgement sent:.....

Acknowledgement sent by:.....

Complaint referred to:			
Date:			

