



West Earlham Infant and Nursery School

Complaint Review Request Form

Please complete this form and return it to Head Teacher (or Clerk to the governing body), 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:

I submitted a formal complaint to the school on and am dissatisfied by the procedure that has been followed.

My complaint was submitted to and I received a response from on

I have attached copies of my formal complaint and of the response(s) from the school.

I am dissatisfied with the way in which the procedure was carried out, because:

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

Number of additional pages attached:

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:.....

Request referred to:			
Date:			

