

St. Cuthbert’s Catholic Primary School

Complaints form

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| Your Name: |
| Pupil’s Name: |
| Your relationship to the pupil: |
| Address: |
| Postcode: |
| Daytime telephone number: |
| Evening telephone number: |
| Please give details of your compliant: |
| What action, if any, have you already taken to try and resolve your complaint? Who did you speak to and what was the response? |
| 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 whom:* |
| *Complaint referred to:* |
| *Date:* |