

Complaint form

Please complete and return to the Headteacher or Clerk to Governors (if the Headteacher has already reviewed the issue) who will acknowledge receipt and explain what action will be taken.

Your name:
Pupil's name:
Your relationship to the pupil:
Address: Postcode: Day time telephone number: Evening telephone number: Email address:
Please give details of your complaint, including dates and other relevant factual information.



The STAR

MULTI ACADEMY TRUST

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:

For school use:

Date acknowledgement sent:

By who:

Complaint referred to:

Date: