

Appendix 1

CHEAPSIDE CE PRIMARY SCHOOL SCHOOL COMPLAINT FORM

Please complete and return to the Headteacher, or Chairman of Governors, who will acknowledge receipt of this form and explain what action will be taken. If, however, the complaint is about the Headteacher, then please return the form to the School Secretary in a sealed envelope marked 'Personal for the Chairman of Governors', who will acknowledge receipt and explain what action will be taken.

Your name:**Address:****Pupil's name:****Pupil's year:****Postcode:****Your relation to the pupil:****Telephone: Day:****Evening:**

If there is insufficient space in any of these boxes please attach an additional sheet

Please give details of your complaint

What, if any, action have you already taken to try to resolve your complaint?
Who did you speak with and what was the response?

What actions do you feel might resolve the problem at this stage?

Have you enclosed any additional sheets or documents? Yes / No

Signature..... Date.....

Official School Use:

Date acknowledgement sent:.....