



**ST THOMAS OF CANTERBURY CATHOLIC PRIMARY SCHOOL
COMPLAINT FORM**

Please complete this form and return it to the Headteacher 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 on the school's roll)
Pupil's Name (if relevant to your complaint)
Your Address:
Telephone No:
Mobile No:

Please give concise details of your complaint, including dates, names of witnesses etc to allow the matter to be fully investigated.

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You may continued on a separate sheet of paper or attach additional paperwork. Please state number of additional pages attached.

What action, if any, have you already taken to try to resolve your complaint? (For instance, who have you spoken with or written to and what was the outcome?)

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

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

For School use only:	
Date form received:	Received by
Date acknowledgement sent:Sent by

Complaint referred to	
Date:	