



The Eliot Bank and Gordonbrock Schools Federation



Complaint Form

Your Name:		Pupils Name:	
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Your Relationship to the Pupil:	
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Address:	
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Post Code:	
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Daytime Tel No:		Evening Tel No:	
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Please provide details of your complaint:
No further complaints/issues can be added at a later date.

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: ___ / ___ / ___

OFFICE USE ONLY

Date acknowledgement sent:

By who:

Complaint referred to:

Date: