

Corbridge C of E First School

Complaint Form



Please complete and return to The Headteacher or The Chair of Governors, c/o Corbridge C of E First School, who will acknowledge receipt and explain what action will be taken.

Your name:

Pupil's name and year group:

Address:

Postcode:

Daytime telephone number:

Evening telephone number:

Please give details of your complaint:

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 official use only

Date acknowledgement sent:

By who:

Complaint referred to:

Date: