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| **Corbridge Church of England First School**  **Stage Two Complaint Form** |

Please complete and return to the school administrator who will acknowledge receipt and explain what action will be taken.

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| Your Name:  Pupil’s name (if applicable):  Your relationship to the pupil (if applicable):  Address:  Postcode:  Day time 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 action 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 whom:

Complaint referred to:

Date: