****

|  |
| --- |
| **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.

|  |
| --- |
| 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: