

Appendix 1 – Complaints Recording Form

Academy Complaints Recording Form

Name of Academy

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Contact Information

Personal Details

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Name

.....

Address

.....

.....

Postcode

.....

Daytime telephone number

.....

Evening telephone number

.....

If applicable, name of child(ren) and year at school

.....

Your relationship to the school, e.g. parent, carer, neighbour, member of the public, student:

.....

Please give details of your complaint (continue on another sheet if necessary)

What action, if any, have you already taken to try and resolve your complaint? Who did you speak to, when and what was the response?

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

Signature

.....

Date

.....

Official Use:

Date of acknowledgement

.....

By whom

.....

Complaint referred to

.....

Date

.....