

Complaint Form

Please complete and return to **Ms R Warde** at William Ellis School who will acknowledge receipt of the form.

Your name:

Pupil's name (if relevant):

Your relationship to the pupil (if relevant):

Address:

Postcode:

Telephone no.

Please give details of your complaint, including whether you have spoken to anybody at the school about it.

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

Are you attaching any paperwork? If so, please give details.

Signature:

Date:

OFFICIAL USE

Date acknowledgement sent:

By who:

Complaint referred to:

Date: