



# Worle Village Primary School



## Complaints Form

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

Your Name: \_\_\_\_\_

Pupil's Name: \_\_\_\_\_

Your relationship to the pupil: \_\_\_\_\_

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?)

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

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

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Official Use

Date acknowledgement sent: \_\_\_\_\_

By whom? \_\_\_\_\_

Complaint referred to: \_\_\_\_\_

Date: \_\_\_\_\_