



PARENTAL COMPLAINTS FORM

Complaint relating to:

(name of member of staff)

Member of Staff receiving the complaint: _____

From (Name of Parent): _____

Name of Pupil and Class: _____

Date/Time of complaint: _____

Complaint:

Action Taken: _____

Outcome: _____

Actions Taken Arising from the Complaint (regardless of whether or not upheld)

Issue Passed to: _____ Date/Time: _____

Seen:

Senior Member of Staff (Name): _____ Date: _____

Complaints Co-ordinator (Deputy Head): _____ Date: _____

Head: _____ Date: _____