

BOWER GROVE SCHOOL
OFFICIAL 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 (if relevant):
Your relationship to the pupil (if relevant):
Address: Postcode: Daytime 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 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: