

# FULLBROOK

## COMPLAINTS FORM

If you are not satisfied or feel that you have been unfairly treated, we would like you to indicate your concern.

**It is, however, important that you attempt to resolve any difficulties in the first instance by discussing your concerns/complaint with a member of staff or the Principal at the school.**

If you have tried this and are still not satisfied with the response then please fill in all the sections of this form and return it to the Chair of Governors, c/o the school address.

**Please note** that should the complaint refer to more than one incident, you should complete a separate form for each incident; this is to clarify individual responsibility and maintain confidentiality, should the case result in a formal hearing.

<b>Your Name</b>		
<b>Your Address</b>		
<b>Your telephone numbers</b>		
<b>Home</b>	<b>Work</b>	<b>Mobile</b>
<b>If applicable – Child’s name and date of birth</b>	<b>Your relationship to the child</b>	
<b>Please give a brief description of your complaint</b>		

**When did you report the problem to the school?**

**To whom at the school did you report the problem?**

**What was the response?**

**Have you complained to the school about this before?  
YES / NO**

**If so, to whom and when?**

**What steps do you feel should have been taken by the school to resolve the matter?**

**What steps do you feel should now be taken by the school to resolve the matter?**

**Signature .....**

**Date .....**

**THIS SECTION IS FOR SCHOOL USE ONLY**

<b>Date form given/sent to complainant</b>	<b>Date form received by school</b>	
<b>Complainant's name</b>		
<b>Complainant's address</b>		
If applicable: <b>Child's name and date of birth</b>		
<b>Telephone numbers</b>		
<b>Home</b>	<b>Work</b>	<b>Mobile</b>
<b>Nature of complaint</b>		
<b>List of action taken to resolve complaint</b>		
<b>Outcome of complaint</b>		
<b>Date forwarded to Chair of Governors for action</b>		
<b>Any other comments</b>		
If applicable: <b>Date forwarded to Stage 4</b>		