**St Cuthbert’s Roman Catholic Academy Trust**

**Complaint Form**

Please complete this form and return it to the School [or Clerk to the Board of Directors], who will acknowledge its receipt and inform you of the next stage in the procedure.

Your name: ..................................................................................................................

Relationship with school: ............................................................................................ [e.g. parent of a pupil on the school’s roll]

Pupil’s name [if relevant to your complaint] ...........................................................

Your address: ...............................................................................................................

Daytime telephone number: .....................................................................................

Evening telephone number: .....................................................................................

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| Please give concise details of your complaint, [including dates, names of witnesses etc...], to allow the matter to be fully investigated:  *You may continue on separate paper, or attach additional documents, if*  *you wish.* |
| Number of Additional pages attached = |

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

Signature:

Date:

|  |
| --- |
| **School use**  Date form received:  Received by:  Date acknowledgement sent:  Acknowledgement sent by: |

Complaint referred to:

Date: