

S.A.F.E. Complaint Form

Please complete this form and return it to Head Teacher [or Clerk to the proprietorial body], 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 schools roll]:

.....

Pupil's name [if relevant to your complaint]:

.....

Your Address:

Daytime telephone number:

Evening telephone number:

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 =

What action, if any, have you already taken to try to resolve your complaint? [i.e. who have you spoken with or written to and what was the outcome?]

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

Signature:

Date:

Centre use:

Date Form received:

Received by:

Date acknowledgement sent:

Acknowledgement sent by:

Complaint referred to:

Date: