

# SCHOOL COMPLAINT FORM

Your name: .....

Pupil's name: .....

Your relationship to pupil: .....

Your address and postcode: .....

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Your daytime telephone number: .....

Your evening telephone number: .....

Your complaint is: (include details of any actions taken to try to resolve the situation)

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(If you run out of space, please use extra paper)

What would you like to happen as a result of your complaint?

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Are you attaching any paperwork? If so, please give details: \_\_\_\_\_

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Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Monitoring

Are you:  Male  Female

Do you have a disability?  yes  no

#### White

- British
- Irish
- Greek or Greek Cypriot
- Turkish or Turkish Cypriot
- Albanian (excluding Kosovan)
- Kosovan
- Any other White background  
*specify if you wish* \_\_\_\_\_

#### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background  
*specify if you wish* \_\_\_\_\_

#### Chinese

- Chinese

#### Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background  
*specify if you wish* \_\_\_\_\_

#### Black or Black British

- Caribbean
- African:**
- Nigerian
- Somali
- Congolese
- Any other African background  
*specify if you wish* \_\_\_\_\_

#### Any other ethnic category

- Any other group  
*specify if you wish* \_\_\_\_\_