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**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 =  |

Signature:

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

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?]

Date:

Complaint referred to:

**School use**

Date Form received:

Received by:
Date acknowledgement sent:

Acknowledgement sent by:

Date: