

**St Bede’s RC High School Complaint Form**

Please complete and return for the attention of Karen Caton (Complaints Co-ordinator who will acknowledge receipt and explain what action will be taken)

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| **Your Name:****Pupil’s Name:****Your relationship to the Pupil:****Address:****Postcode:** |
| **Daytime Telephone Number:****Evening Telephone Number:** |
| **Please give details of your complaint:** |
| **What action, if any, have you already taken to try and resolve your complaint. (Who did you speak to and what was the response?)** |
| **What actions do you feel might resolve the problem at this stage?** |
| **Are you attaching any paperwork? If so, please give details.** |
| **Signature:****Date:** |
| **Official use****Date acknowledgement sent:****By whom?****Complaint referred to:****Date:** |