



Complaint Form

Your name: _____

Pupil's name: _____

Your relationship to pupil: _____

Your address and postcode: _____

Your daytime telephone number: _____

Your evening telephone number: _____

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

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



Complaint Form

What do you think we should do? _____

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

Your signature: _____ Date: _____

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 _____