



COMPLAINTS 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 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 _____