

Shuttleworth College Complaint Form

Please complete and return to the school office for the attention of the relevant party who will acknowledge receipt and explain what action will be taken.

Your name:
Pupil's name (if relevant):
Your relationship to the pupil (if relevant):
Address:
Postcode:
Day time telephone number:
Evening telephone number:
Please give details of your complaint, including whether you have spoken to anybody at the school about it.

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 who:

Complaint referred to:

Date: