

Robert le Kyng Primary School Formal Complaints Form

Name	
Name of pupil, year group and your relationship to them (where applicable)	
Contact address	
Contact telephone day	
Contact telephone mobile	
Contact email address	
Details of the complaint	
Action taken so far (including staff member who has dealt with it so far) or solutions offered	
The reason that this was not a satisfactory resolution for you	
What action would you like to be taken to resolve the problem?	

Signed:	
Dated:	

<p><i>Official use</i></p> <p>Date received:</p> <p>Signed:</p>
