

Appendix 1



Complaints Form

Please complete and return to Mrs S Hardgrave (Complaints Co-ordinator) who will acknowledge receipt and explain what action will be taken

Your name:

Student's name:

Your relationship to the student:

Address:

Postcode:

Daytime telephone number:

Evening telephone number:

Mobile number:

Email address:

Preferred method of communications:

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: