

Devizes School Complaints Form

Please complete and return the form to the Complaints Coordinator who will acknowledge receipt within three days of receipt and explain what action will be taken.

Your name: _____

Pupil's name (if applicable): _____

Your relationship to the pupil: _____

Address: _____

Postcode: _____

Daytime tel. no. : _____ **Evening tel. no. :** _____

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 think might resolve the problem at this stage?

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

For official use only

Date received: _____ Date acknowledgement sent: _____

By who: _____

Complaint referred to: _____ Date: _____