**Kaleidoscope Multi-Academy Trust**

**Complaints Form**

Please complete and return to the Headteacher or the Chair of Governors (please refer to the procedure guidelines) who will acknowledge receipt and explain what action will be taken.

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| Your name: |  |
| Pupil’s name: |  |
| Your relationship to the pupil: |  |
| School name: |  |
| Address: |  |
| Daytime telephone number: |  |
| Evening telephone number: |  |
| E-mail: |  |
| Please give details of your complaint (continue on a separate sheet if necessary):(Include dates, names of witnesses etc. to allow the matter to be fully investigated) |
| What action, if any, have you already taken to try and resolve your complaint (for example, who have you spoken with, or written to, and what was the outcome/response)?  |
| What actions do you feel might resolve the problem at this stage? |
| Are you attaching any paperwork? If so, please give details. |
| Signature: |  |
| Name (Block Capitals): |  |
| Date: |  |
| **FOR OFFICIAL USE ONLY** |
| Date form received: |  |
| Date acknowledgement sent: |  |
| Complaint referred to: |  |
| Date: |  |