**SW9 PARTNERSHIP FORMAL COMPLAINT FORM**

**Please complete and return to the school who will acknowledge receipt and explain what action will be taken.**

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| Your Name: | Child’s Name: |
| Your Relationship to Child: | Child’s DOB and Form: |
| Address and Postcode: | Daytime Telephone Number: |
| Evening Telephone Number: |
| Full details of complaint (including the names of all persons involved and the dates of incidents referred to): |
| What action, if any, have you already taken to try and resolve your complaint (for example, 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:** |
| ***For Official Use:*** |
| *Date Acknowledgement Sent:* |  |
| *Name of Person Complaint Referred To:* |  |
| *Signature:* | *Date:* |