**Complaint Form**

If you wish to raise a complaint against one of the SEAX Trust Schools, please complete this form and return it to the Headteacher of the School in question. If your complaint relates to the SEAX Trust itself, please return this form to the Company Secretary of the SEAX Trust. You will receive confirmation of receipt and an explanation of the action to be taken.

|  |  |
| --- | --- |
| **Your Name:** |  |
| **Pupil’s Name:** |  |
| **Your Relationship** **to the Pupil:** |  |
| **Your Address:****Postcode:** |  |
| **Daytime** **Telephone Number:** |  |
| **Evening** **Telephone Number:** |  |
| **Please give details of your complaint, continuing on a separate page if necessary:** |
|  |

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| **What action, if any, have you already taken to try to resolve your complaint?** **(eg Who did you speak to and what was the response?)** |
|  |
| **What action 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 who: |  |
| Complaint referred to: |  |
| Date: |  |

**Please return this form to the Headteacher or the School Office FAO the Headteacher.**