ALLESTREE WOODLANDS SCHOOL AWS POLICY

FORMAL COMPLAINTS FORM

|  |  |
| --- | --- |
| Name |  |
| Name of student, Year & Form Group and your relationship to them (where applicable) |  |
| Contact Address |  |
| Contact Telephone day |  |
| Contact Telephone mobile |  |
| Contact email address |  |
| Details of the complaint |
|  |
| Action taken so far (including staff member who has dealt with it so far) or solutions offered |
|  |
| The reason that this was not a satisfactory resolution for you |
|  |
| What action would you like to be taken to resolve the problem? |
|  |

|  |
| --- |
| Signed: |
| Date |
| *Official use*Date received:Signed: |

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