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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