



West SILC complaints recording form

Complaints / Feedback form

Personal Details

Name

Address

.....

Postcode

Daytime telephone number

Evening telephone number

If applicable, name of child(ren) and year at school

.....

Your relationship to the school, e.g. parent, carer, neighbour, member of the public, student:

.....

Please give details of your complaint:

What action, if any, have you already taken to try and resolve your complaint ? Who did you speak to, when and what was the response?

What actions do you feel might resolve the problem at this stage?

Signature

Date

Official Use:

Date of acknowledgment

By whom

Complaint referred to

Date