**Educate Together Academy Trust** Formal Complaints Form

|  |  |
| --- | --- |
| Name |  |
| School |  |
| Name of pupil, year 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: |  |  |  |  |  |
|  |  |  |  |  |  |
| Dated: |  |  |  |  |  |

*Official use*

Date received:

Signed: