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**St John’s Green Primary School**

**Learn to Live, Live to Learn**

**Complaints Form**

**Please complete and return to (Headteacher/Chair of Governors/Clerk to the Governors)**

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| Name:  Pupil's name (if relevant):  Your relationship to the pupil:  Address:  Daytime telephone number:  Evening telephone number:  Please give details of your complaint.  What action, if any, have you already taken to try to resolve your complaint? Who have you spoken to and what was the response?  What action do you fell might resolve the problem at this stage?  Are you attaching any paperwork? If so, please give details:  Signature:  Date: |