

Complaints Form

Please complete and return to J Mann who will acknowledge receipt and explain what action will be taken.

Your name:

Pupil's name:

Your relationship to the pupil:

Address:

Postcode:

Day time telephone number:

Evening telephone number:

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 and what was the response)?

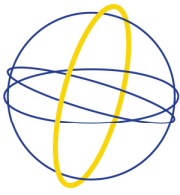
Private and Confidential

Ormiston Meridian Academy is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.



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Complaints Form

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

Are you attaching any paperwork? If so, please give details.

Signature:

Date:

Official Use.

Date acknowledgement sent:

By who:

Complaint referred to:

Date:

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