



## Complaint Form



Please complete and return to the Trust Secretary, St Clare's Co-operative Academy Trust, 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)?

**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:**