

M U L T I - A C A D E M Y T R U S T



**Excellence, together.**



STAGE 1 COMPLAINTS FORM

|  |  |
| --- | --- |
| **Your Name** |  |
| **Pupil’s Name & Form** |  |
| **Your relationship to pupil** |  |

|  |  |
| --- | --- |
| **Address** |  |
| **Postcode** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Email** |  | | |
| **Daytime contact number** |  | **Evening contact number** |  |
| **Complaint for attention of** |  | | |

|  |  |
| --- | --- |
| **Outline of complaint**  Include as much detail as possible – nature of complaint, people involved, key dates/ times etc.  *Continue on a separate sheet if required.* |  |

|  |  |
| --- | --- |
| **What would you like as an outcome from your complaint?** |  |

|  |  |
| --- | --- |
| **Your Signature** |  |
| **Date** |  |

Please complete and return via email to [Complaint@rainhillhigh.org.uk](mailto:Complaint@rainhillhigh.org.uk) or send a hard copy to the school address, marked for the attention of the Complaints Oﬃcer

|  |  |
| --- | --- |
| **OFFICE USE** | |
| **Date received** |  |
| **Date acknowledgement sent** |  |
| **Responsible member of staﬀ** |  |