

SCHOOL COMPLAINT FORM

Your name: _____

Student's name: _____

Your relationship to student: _____

Your address and postcode: _____

Your daytime telephone number: _____

Your evening telephone number: _____

Your complaint is: (include details of any actions to try to resolve the situation)

(If you run out of space, please use extra paper)

What would you like to happen as a result of your complaint?

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

Your signature: _____ Date: _____

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Monitoring

Are you: Male Female

Do you have a disability? Yes No

White

- British
 - Irish
 - Greek or Greek Cypriot
 - Turkish or Turkish Cypriot
 - Albanian (excluding Kosovan)
 - Kosovan
 - Any other White background
- Specify if you wish _____

Asian or Asian British

- Indian
 - Pakistani
 - Bangladeshi
 - Any other Asian background
- Specify if you wish _____

Chinese

- Chinese

Mixed

- White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other Mixed background
- Specify if you wish _____

Black or Black British

- Caribbean African:
 - Nigerian
 - Somali
 - Congolese
 - Any other African background
- specify if you wish _____

Any other ethnic category

- Any other group
- specify if you wish _____