

Complaint Form

Please complete and return to The Principal, Ormiston Bolingbroke Academy, who will acknowledge receipt and explain what action will be taken.

Your name:	
Student's name and form:	
Your relationship to the student:	
Address:	
Postcode:	
Day time telephone number:	
Evening telephone number:	
Please give details of your complaint.	

What action have you taken to resolve the complaint? Who did you talk to? What was the response?

What actions do you feel will resolve your complaint at this stage?

Are you attaching any further paper work? Y/N

Signature:..... **Date:**