



Parkside Complaints Form



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

Your Name

Pupil's Name

Your relationship to the Pupil

Address

Postcode

Daytime Tel Number

Evening Tel Number

Please give details of your complaint here

What actions, if any have you taken to try and resolve your complaint

What actions do you feel might resolve the problem?

Are you attaching any paperwork?

Signature

Date

For Office Use only

Date acknowledgement sent

By Whom

Complaint referred to:

Date: