# COMPLAINTS FORM- See Complaints Policy

|  |
| --- |
| **Your name**: |
| **Pupil’s name**: |
| **Your relationship to the pupil**: |
| **Address**:  **Postcode**:  **Daytime 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**:  Please return to: Cambourne Village College, Sheepfold Lane, Cambourne, Cambs, CB23 6FR ([thecollege@cambournevc.org](mailto:thecollege@cambournevc.org)) who will acknowledge receipt. |
| **Official use**  Date acknowledgement sent:  By whom:  Complaint referred to:  Date: |