# COMPLAINTS FORM- See Complaints Policy

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| **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) who will acknowledge receipt. |
| **Official use**Date acknowledgement sent:By whom: Complaint referred to:Date:  |