

# Complaints Form 2



Please complete and return this form to the Chair of the Complaints Panel Committee,  
Mr. .... Adresse: .....

.....  
Your name:

.....  
Your relationship to the student:

.....  
Day time telephone number:

.....  
Evening telephone number:

.....  
Email adresse:

.....  
Student's name:

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**Please give details of your complaint (What has happened?)**

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**When did it happen?**

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**Where did it happen?**

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**Who has been involved?**

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**Did you try to resolve your complaint with a member of staff?**       Yes       No

**If yes, whom did you talk to?** .....

**If not, why not?** .....

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**Did you try to resolve your complaint with the head teacher?**       Yes       No

**If not, why not?** .....

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**What action, if any, have you already taken to try and resolve your complaint?**

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**What actions do you feel might resolve the problem at this stage?**

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**What did you expect from the member of staff in the first place in regard to the complaint?**

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**What were your expectations from the head teacher in regard to the complaint?**

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**If the complaints panel committee decides that a hearing is appropriate, which days of the week and what timing would be most suitable for you to come for the appointment to explain your complaint?**

Sunday       Monday       Tuesday       Wednesday       Thursday       Friday

Timing:       Morning       Afternoon       Late afternoon       Evening

Your signature: ..... Date: .....