

**Complaints Form**

Please complete and return to Swanmore College. We will acknowledge receipt and explain what action will be taken.

<b>Your name:</b>
<b>Pupil's name (if relevant):</b>
<b>Your relationship to the pupil (if relevant):</b>
<b>Address:</b>
<b>Postcode:</b> <b>Day time telephone number:</b> <b>Evening telephone number:</b>
<b>Please give details of your complaint, including whether you have spoken to anybody at the school about it.</b>

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

**Are you attaching any paperwork? If so, please give details.**

**Signature:**

**Date:**

**Official use**

**Date acknowledgement sent:**

**By who:**

**Complaint referred to:**

**Date:**