It will help us if you use this form to make your complaint but please write a letter if you prefer, covering all the points on the form. Please continue your answers on a separate sheet if there is not enough space on this form. When you have filled in the form, send it to The Headteacher, Sarah Atkinson, or The Chair of the Governing Body, Martin Chapman, Stillington Primary School, Main Street, Stillington. York. YO61 1LA. If you need any help completing this form please contact the school.

We will only process your personal data in order to respond to your complaints. In general it will be used for administrative and statistical purposes.

|  |  |  |  |
| --- | --- | --- | --- |
| Your name | Mr ⬜ Ms ⬜ Mrs ⬜ Miss ⬜ Other  First name (BLOCK CAPITALS)  Surname (BLOCK CAPITALS) | | |
|  |  | | |
| Your address | Postcode | | |
|  |  | | |
| Daytime tel. no. |  | Mobile tel. no. |  |
|  |  | | |
| Email address |  | | |
|  |  | | |
| Do you have any special requirements, for example if English is not your first language, disabilities? | |  | |
|  | | | |
|  | | | |

Have you contacted the school about this matter before? Yes ⬜ No ⬜

|  |
| --- |
| If yes, who did you contact, when and how? |

Have you received a reply? Yes ⬜ No ⬜

|  |
| --- |
| If so, when was this? |

|  |
| --- |
| Please explain your complaint and how would you like to see the matter resolved? Please use additional sheets if required.  What action, if any have you already taken to try to 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?  Please use additional sheets if required. |

If you have any documents to support your complaint, please send them with this form. Please tick the box if you would like them returned to you. ⬜

We will send an acknowledgement within 5 working days of receiving your communication and will tell you what is happening. If a further response is required, this should reach you within 20 working days.

|  |  |  |  |  |  |  |
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| **FOR OFFICE USE ONLY** | | | | | | |
| Complaint reference |  |  | Date Received |  | |  |
|  |  | |  |  | | |
|  |  | |  |  | | |
| Acknowledgement sent |  | | |  | | |
|  |  | |  | |  | |
| Substantive reply sent |  | | |  | | |
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