Trevor-Roberts School
Complaint form

Please use BLOCK CAPITALS.

Your name(s)	
Name of pupil and your relationship to them	
Contact address	
Daytime telephone number	
Mobile telephone number	
Email address	
Details of the complaint *If there is more than one ground of complaint, please number each ground so that it can be considered separately.*	
Action taken to date, including the staff member(s) who have dealt with the matter and any solutions offered	

Why was this not a satisfactory resolution?
What outcome or action would you like?
Relevant documents enclosed with this complaint form
Declaration
The information included in this complaint is accurate to the best of my knowledge. I agree to cooperate with the School's complaints procedure and to communicate with the School and its staff in a reasonable manner. **Signature(s):** **Date:**