

# CARFAX

COLLEGE

## Complaint Form

Please complete this form and return it to the Principal, who will acknowledge receipt and explain what action will be taken.

**Your name:**

**Pupil's name (if applicable):**

**Your relationship to the pupil (if applicable)::**

**Address:**

**Postcode:**

**Day time 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:**

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**For official use only**

**Date acknowledgement sent:**

**By whom:**

**Complaint referred to:**

**Date:**