**FORMAL STAGE 1 COMPLAINT**

Please complete and return this form to the Complaints Co-ordinator who will acknowledge receipt and explain what action will be taken. **If you have a disability and need a reasonable adjustment you can contact us by telephone and we will arrange to help you by writing out your complaint.**

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| Your name: |
| Student’s name (if relevant): |
| Your relationship to the student (if relevant): |
| Address:  Postcode:  Day time telephone number:  Evening telephone number:  Email: |
| Please give details of your complaint.  Please summarise in bullet points the issues you need addressing.  •  •  •  •  •  •  • |

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| 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: |
| Official use  Date acknowledgement sent:  By who:  Complaint referred to:  Date: |