



Complaint Form

Please complete this form and return by hand or by email to mark.rutherford@mrus.co.uk. We will acknowledge receipt with two working days.

Name (Complainant):
Pupil's name (if relevant):
Your relationship to the pupil (if relevant):
Address: Daytime telephone number: Evening telephone number: Email address:
Please give details of your complaint, including whether you have spoken to anybody at the school about this already.



What action(s) do you feel might resolve the problem at this stage?

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

Signature:

Date:

Official Use Only:

Date complaint received:

Deadline for complainant to receive a response:

Date acknowledgement sent and by who:

Complaint referred to:

Action(s) taken:

Date: