



Complaint Form

Please complete and return to(Business Manager) who will acknowledge receipt and explain what action will be taken.

Your name:

Student's name:

Your relationship to the young person:

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)?**

If this is a printed version of this procedure then it may not be the current version. Please source this procedure electronically for the most up to date version.

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DARTINGTON TQ9 6JD

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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:

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