Complaint Form

Please complete and return to the Headteacher's P.A via the school office.
lto@allhallows.lancs.sch.uk

Your name:
Pupil's name (if relevant):
Your relationship to the pupil (if relevant):
Address: **Postcode:** **Day time telephone number:** **Evening telephone number:**
Please give details of your complaint, including whether you have spoken to anybody at the school about it.
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: