

Complaint Form

Please ensure that this form and relevant attachments are sent to the designated officer once complete

Name of complainant:			
Contact details of complainant:			
Name of student (if applicable):			
Name of staff member (if applicable):			
Please give brief details of the complaint:			
How would you like this issue to be resolved?			
Date/s of Incident:	Time:		
Please give the name(s) of any witnesses, if relevant.			
For academy use only			
Action Taken:			
Written complaint attached? Yes/No		Acknowledgement letter attached? Yes/No	
Response attached? Yes/No		Complaint log completed? Yes/No	
Complaint resolved? Yes/No			
If no, complaint referred to:			
Name:		Date:	
Signed:			