**Conyers School**

**Formal Complaint Form**

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| Name: |   |
| Address: |  |
| Postcode: |  |
| Student’s Name: (if applicable) |  |
| Student’s Class Teacher: (if applicable) |  |
| Telephone Number: Daytime / Mobile |  |
| Telephone Number: Evening |  |
| Email Address: |  |
| Relationship to the school:i.e. parent, carer, neighbour, member of the public |  |

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| --- |
| Please provide details of your concern / complaint  |
|  |

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| --- | --- | --- |
| Have you raised this with another member of staff? | Yes | No |
| If so, can you please provide details |

|  |  |
| --- | --- |
| When did you do this? | Date: |

|  |
| --- |
| 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. |
|  |

|  |  |
| --- | --- |
| Name:(please print) |  |
| Signed: |  |
| Date: |  |

**Please return this form to:**

Headteacher

Conyers School

Green Lane

Yarm

Stockton-on-Tees

TS15 9ET

Tel: 01642 783253

Email: conyers@conyers.org.uk