



Complaint Form

Academy Name:	St John's Meads C of E Primary School
Please complete	
and return to:	
i.e.: Who will	
acknowledge receipt	
and explain what	
action will be taken.	
(Name and address of	
representative of the	
academy)	
Name:	
Address:	
Postcode:	
Tel No. (day)	
Tel No (evening)	
Mobile:	
Email:	
Name and year	
group of children	
at the academy (if	
applicable)	
Please give details	
of your complaint	
Add additional sheet if	
necessary.	
What action, if	
any, have you	
already taken to	
try and resolve	
your complaint?	
-	
Who did you	
speak to and what	
was the response?	
Please state your	
relationship with	





the academy, e.g.: parent, carer, neighbour, member of the public.	
What actions do you feel might resolve the problem at this stage?	
Are you attaching any paperwork? If so, please list.	
Signature:	
Date:	
Official Use:	
Date of	
acknowledgement	
sent:	
By whom:	
Complaint referred to:	