Complaint Form - Stage 2

West Norfolk Academies Trust

Complainant Details

Complainants Name:			
Pupil / Student's Name:			
Address:		Contact Number:	
		School:	
		Your Relationship to Pupil/Student:	
Postcode:		Email Address:	

Your Complaint

Please give concise details of your complaint, (including dates, names of persons involved, and names of any witnesses).	

What action have you already taken to try and resolve your complaint? Please include the name of the person the Matter was raised with at stage 1, when this was raised and what solution was offered.	
Why have the steps taken so far failed to resolve the complaint? Please include what you consider should have been done and where the school has not met reasonable expectations in its response.	
What action would you like taken to re-solve the matter?	

Complainant Declaration

Signature:	
Date:	

OFFICE USE

Date Received:		Date Acknowedged:	
Acknowledged by:		Referred to:	