



THE PERSE
UPPER SCHOOL
CAMBRIDGE

Hills Road, Cambridge, CB2 8QF (Telephone: 01223 403800 Fax: 01223 403810)

COMPLAINTS FORM

When completed, this form should be returned to the Head. If the complaint is about the Head, the form should be returned to the Clerk to the Governors at the School address. **Please include your full contact details and any relevant documents with this form.**

Name of complainant:

Date of complaint: ___/___/_____

Address of complainant:
.....

Email address:

Telephone:

1. What is the nature of the complaint? (Please tick)

- | | |
|---|--|
| <input type="checkbox"/> Staff Conduct: | <input type="checkbox"/> Pastoral Care: |
| <input type="checkbox"/> Teaching Standards: | <input type="checkbox"/> Time Tabling: |
| <input type="checkbox"/> Condition of Premises: | <input type="checkbox"/> Access to or Regulation of Extra Curricular Activities: |
| <input type="checkbox"/> Matters of Regime and Routine: | <input type="checkbox"/> Other (please give details): |

2. Please give full details of your complaint including the outcome sought: *(please continue the details on a separate sheet if necessary)*

Date/s of Incident:

Time/s:

3. If you are complaining about someone's behaviour please give the names of any witnesses to the incident/s:

4. Any additional information

Name:

Date:

Signed: