

Complaint Form

Please complete and return to the Principal's P.A. who will acknowledge receipt and explain what action will be taken.

Complaint Form

Please complete in BLOCK CAPITALS and return to Mrs B Duffy, The Lowry Academy:				
bev.duffy@lowryacademy.org.uk who will acknow	rledge receipt and explain what action will be taken.			
Your name				
Student's name				
Your relationship to the student				
Address				
Postcode				
Contact telephone number (1)				
Contact telephone number (2)				
Please give details of your complaint below				
What action, if any, have you already taken to try and resolve your complaint? (To whom 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?	YES / NO
If so, please give details.	
Signature:	Date:

For Official use only			
Date acknowledgement sent		Complaint resolved at which stage	
Acknowledgement sent by		Complaint recorded in school records	
Complaint referred to			
Complaint referred on (date)			