**RECORD OF COMPLAINTS**

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| **Name of Pupil:** | **Group/Class:** |
| **Date Complaint Received:** | |
| **Name of Person(s) Making the Complaint:** | |
| **Nature of the Complaint:** | |
| **Name of Person who dealt with the Complaint:** | |
| **Outcome of the Complaint:** | |
| **Is the pupil/person who made the complaint satisfied with the outcome? Yes/No**  **Student signature:** | |
| **Comments on above:** | |
| **Date Complaint Resolved: Signature:** | |
| **Senior Management Signature:** | |
| **Senior Management Name:** | |