



King Fahad Academy Complaint Form

Please complete this form and return it to Director, who will acknowledge its receipt and inform you of the next stage in the procedure.

Your full name:

Relationship with school [e.g. parent of a pupil on the school's roll]:
.....

Pupil's name [if relevant to your complaint]:
.....

Your Address:

Daytime telephone number: Mobile number:

Email address: _____

Please give concise details of your complaint, [including dates, names of witnesses etc...], to allow the matter to be fully investigated.

You may continue on separate paper, or attach additional paperwork, if you wish.

Number of additional pages attached =

What action, if any, have you already taken to try to resolve your complaint? [i.e. who have you spoken with or written to and what was the outcome?]

What actions do you feel might resolve the problem at this stage?

Signature: _____ Date: _____

| | | | |
|----------------------------|--|--------------------------|--|
| School use: | | | |
| Date Form received: | | Received by: | |
| Date acknowledgement sent: | | Acknowledgement sent by: | |
| Complaint referred to: | | | |
| Date: | | | |