

Ebrahim Academy Complaint Form

Please complete this form and return it to **Chair of Governing Body, Ebrahim Academy, 77 Greenfield, London E1 1EJ**, you will receive an acknowledgement of its receipt and information about the next stage in the procedure.

Section 1

Your full name: _____

Relationship with school (e.g. parent of a pupil): _____

Pupil's name (if applicable): _____

Your Address: _____

Daytime telephone number: _____

Alternative telephone number: _____

Section 2

Please give details of the matter that you are concerned about

Section 3

If the matter concerns a pupil, have you raised the matter with the pupil's Tutor? What happened?

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Section 4

Have you tried to resolve the matter informally? What happened?

Signature: _____

Date: _____

School use:

Date Form received by Chair: _____

Date acknowledgement sent by Chair: _____