



LEO ACADEMY TRUST COMPLAINT FORM

Your Name:	
Your Address and Postcode:	
Your Contact Telephone Number:	
Your Relationship to the Child:	
Child's Name:	
Child's Date of Birth:	
Child's Class:	
Child's School:	
Do you have parental responsibility for the Child?	YES / NO
Full details of complaint (including the names of all persons involved and the dates of incidents referred to):	

What action, if any, have you already taken to try and resolve your complaint (for example, who 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? If so, please provide details.

Signature/e-signature	
Date	
Your email address	