



Colwill School Complaints Register

I agree to have the conference audio recorded for transcribing purposes
Signed _____

ALL SECTIONS MUST BE FILLED OUT

Date complaint received _____

Name of Complainant _____

Nature of the complaint _____

Action required/ Action Agreed _____

Review of action taken (If necessary) _____

Complaint dealt with / Case Closed / Case needing ongoing reviewing

Complainants Signature _____

Date _____

(By signing this record you acknowledge that your complaint has been dealt with to your satisfaction)

School Representatives Signature _____

Date _____

(By signing this record you acknowledge that the school staff, have managed this situation effectively)