

BLACKSMITHS PUBLIC SCHOOL

COMPLAINT OR CONCERN FORM

1. Your details

Family Name: _____ Given Name: _____

Address: _____

Phone Number: (H) _____ (W) _____

2. Have you discussed your matter with a staff member? Yes / No

If yes when? _____ Name of Staff Member _____

What was the result? _____

3. Please give details of the suggestion or complaint and the outcome you are seeking.

Date: _____ Signature: _____

Signature of Staff Member: _____