



| For office use only | |
|---------------------|--|
| Date received | |
| Date acknowledged | |
| Passed to | |
| Further Action | |

| COMPLAINTS FORM | |
|---|------------|
| Please use this form for registering a formal complaint with the States of Guernsey Education Services | |
| SECTION 1 | |
| <i>Complainant's details</i> | |
| Name: | |
| Address: | |
| | Post Code: |
| Contact Tel No: | Email: |
| SECTION 2 | |
| <i>If the complaint is about a particular school or service then please fill in the following – if not then please move to section 3.</i> | |
| Name of pupil/student: | |
| Date of Birth: | |
| School/Service: | |
| SECTION 3 | |
| <i>Please provide the details of your complaint. Please try to give only facts, including what happened (or failed to happen), when it happened and who was involved. (Please provide additional sheets if necessary)</i> | |
| | |
| Signed: | Date: |

When you have completed this form please print it, sign it and return it to
The Director of Education, Education Services, Grange Road House, Grange Road, St. Peter Port GY1 1RQ