

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

COMPLAINTS FORM		
Please use this form for registering a formal complaint with States of Guernsey Education Services		
SECTION 1		
Complainant's details		
Name:		
Address:		
	Post Code:	
Contact Tel No:	Email:	
SECTION 2		
If the complaint is about a particular school or serv	rice then please fill in the following – if not then please	
move to section 3.		
Name of pupil/student:		
Date of Birth:		
School/Service:		
SECTION 3		
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)		
	Date:	
Signade	Date.	
Signed:		

When you have completed this form please print it, sign it and return it to

 $\label{thm:continuous} \mbox{The Director of Education, Education Services, Sir Charles Frossard House, La Charotterie, St.}$

Peter Port GY1 1FH

Alterantatively you can e-mail this form to EducationSportandCulture@gov.gg.