

INTERNATIONAL BRITISH PRIMARY SCHOOL

COMPLAINTS FORM

| REFERENCE: | DATE: |
|---|-----------------|
| TEACHER'S NAME: | STUDENT'S NAME: |
| | |
| TEACHER'S RELATIONSHIP TO THE STUDENT: | |
| TEACHER'S ADRRESS: | |
| TEACHER'S EMAIL ADDRESS: | |
| TEACHER'S MOBILE NUMBER: | |
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| ACTION ALREADY TAKEN TO RESOLVE THE MATTER: | |
| ACTION ALREADT TAKEN TO REJOLVE THE MATTER. | |
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| WHAT IS THE OUTCOME YOU WANT? | |
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| | |
| ATTACHMENTS: | |
| OFFICE USE | |
| SIGNATURE | DATE: |
| DATE ACKNOWLEDGEMENT SENT TO COM | PLAINANT: |
| BY (NAME): | |
| COMPLAINT REFERRED: Y/N IF SO TO WHO?: | |
| REASON FOR REFERRAL: | |
| DATE REFERRED: | |
| RESOLUTION OF COMPLAINT: | |
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