

## THE AVON VALLEY SCHOOL & PERFORMING ARTS COLLEGE COMPLAINTS FORM

**Complaint Form**

|  |  |
| --- | --- |
| Your name |  |
| Relation to student |  |
| House/ flat/ building number and street name |  |
| Town |  |
| County |  |
| Postcode |  |
| Your telephone number |  |
| Your email address |  |
| Signature |  |
| Date |  |

**Please provide as much detail as possible. All of the boxes expand to take additional text.**

|  |
| --- |
| **Please provide in detail what you are making a formal complaint against/about.**   * Be specific about exactly what your complaint is about and when it arose. * Be specific about any breach of rules/policies that you believe may have occurred. * Give specific details of any events that you believe have led up to this. |
|  |
| **What do you think the School did or did not do? Include**   * Dates, names of witnesses * What evidence you have to support this |
|  |
| **Please provide details and evidence about the consequences/impact of what happened.** |
|  |
| **What action, if any, have you already taken to try to resolve your complaint?** |
|  |
| **Who have you spoken with or written to and what was the outcome?** |
|  |
| **What do you think the school should do to resolve matters at this stage?** |
|  |
| **Please list copies of any documents you are attaching to the complaint.** |
|  |

|  |
| --- |
| **SCHOOL USE ONLY** |
| Received by: |
| Date received: |
| Summary of decisions and next steps (including if this is categorised as a concern what the next steps are |

**Consent for Data**

Please consider if you give consent to share your personal data with any investigating officer or not. Please delete either:

I give my consent for information held in paper and electronic records in respect of my case to be made available to any allocated investigator. I consent to this confidential and sensitive data to be shared for that specific purpose. I realise that any information held about any third party cannot be shared without their specific consent.

Should it be necessary in the view of the investigator to seek that third party consent I give my approval that they may share sufficient information with that third party to enable that person to make an informed choice about whether or not to give consent to sharing that person’s information with the investigator.

**OR**

I do not give my consent to share my personal data to an allocated investigating officer. I acknowledge that this may limit the scope of the complaint investigation.

Signed

Dated