**Complaints Panel Request Form (Appendix C)**

Please complete this form and return it to the school office, together with any accompanying pages or documents, in a sealed envelope marked ‘For the attention of the Chair of the Academy Council’.

You should ensure that your request is received within 10 school days of receipt of the decision letter from the Head/ Chair of the Academy Council.

|  |  |
| --- | --- |
| **Your name:** |  |
| **Your address:** |  |
| **Contact telephone number:** |  |
| **Email address:** |  |

|  |  |
| --- | --- |
| **I am dissatisfied by the decision made and therefore wish for a Complaints Panel to be convened to hear my complaint.**  **I have attached copies of my formal complaint and the response(s) from the school.** | |
| **Please explain why you are dissatisfied with the decision that was made or the procedure that was followed, as appropriate:** |  |
| **You may continue on separate paper, or attach additional documents, if you wish.**  **Please confirm the number of additional pages:** |  |

|  |  |
| --- | --- |
| **What actions do you feel might resolve the problem at this stage?** |  |

|  |  |
| --- | --- |
| **Signature:** |  |
| **Date:** |  |

**For school use:**

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| --- | --- |
| **Date form received:** |  |
| **Received by:** |  |
| **Date acknowledgement sent:** |  |
| **Acknowledgement sent by:** |  |
| **Request referred to:** |  |
| **Date complaint referred:** |  |
| **Date DBAT Governance Officer informed of request:** |  |