**Bridge Together Complaint Form**

Please complete and return to the school to delete as appropriate who will acknowledge receipt and explain what action will be taken.

|  |
| --- |
| Your Name: |
| Child’s name (if relevant): |
| Your relationship to child: |
| Address: |
| Phone Number: |
| Details of your complaint: |
| What actions do you feel might resolve the problem at this time? |
| Are you attaching any relevant paperwork at this time? |
| Signature  Date |
| Official Use Only: |
| Date acknowledgement sent: |
| By who: |
| Complaint referred to: |
| Date: |