ST THOMAS
CE (VC) PRIMARY SCHOOL

Complaints Policy - Meeting Request Form

I wish to meet . . . . . to discuss the following matter:

Details of topic to be discussed:

Dates/times when it would be most convenient for a meeting:

Your name:
Relationship with school (e.g. parent of a pupil on the school roll):
Pupil's name (if relevant to the matter to be discussed):
Your address:
Telephone numbers :
e-mail address:

Signed..... Date.....

(Please complete this form and return it to the school office)

SCHOOL USE	
Date form received:	Date response sent:
Received by:	Response sent by: