



CONFIDENTIAL

Complaint Form

Please complete and return to the SCITT Senior Tutor who will act as Complaints Co-ordinator and who will acknowledge receipt and explain what action will be taken.

Your name:

Placement School:

Mentor name:

Daytime telephone number:

Senior Tutor name:

Evening telephone number:

Professional Tutor/ITE co-ordinator name:

Email:

Please give details of your complaint:

What action, if any, have you already taken to try and resolve your complaint?
(Who did you speak to and what was the response?)

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

Are you attaching any paperwork? If so, please give details.

Signature:

Date:

Official use

Date acknowledgement sent:

By whom:

Complaint referred to:

Date: