



Armadale Academy

Complaints form



We can help if you need information in a different format or in a different language. Just let us know. Please also contact us about any special needs you may have.

Your details:-

Details of anyone complaining with you:-

Surname:

Surname:

First Name:

First Name:

Address:

Address:

Daytime telephone Number:

Home telephone number:

If there are more than two of you making a complaint, please list the other person's details on a separate piece of paper.

If you have asked someone else (e.g. relative or solicitor) to complain for you, please give their details.

Their name:

Their relationship to you:

Their address for correspondence:

Their daytime telephone no.

Please use this page to set out what your complaint is about.

Tell us in a few words what your complaint is.

Sign here... even if you have appointed someone else to complain to us on your behalf.

Signature _____ Date

Signature _____ Date

Now please post this completed form to:

Graham Johnstone
Armada Academy
West Main Street
Armada
EH48 3LY