|  |  |
| --- | --- |
| **Date:** |  |
| **Your name:** |  |
| **Pupil’s name:** |  |
| **Your relationship to pupil:** |  |
| **Your address and postcode:** |  |
| **Your daytime telephone number:** |  |
| **Your evening telephone number:** |  |
| **Your email address:** |  |

|  |
| --- |
| **Your complaint is:** |

|  |
| --- |
| **What do you think we should do?** |

**Monitoring**

Are you 🞎 Male 🞎 Female

Do you have a disability? 🞎 Yes 🞎 No

**White Mixed**

🞎British 🞎 White and Black Caribbean

🞎Irish 🞎 White and Black African

🞎Greek or Greek Cypriot 🞎 White and Asian

🞎Turkish or Turkish Cypriot 🞎 Any other Mixed background

🞎Albanian (excluding Kosovan) specify if you wish\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎Kosovan

🞎 Any other white background **Black or Black British**

 specify if you wish\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Caribbean

 🞎 Nigerian

**Asian or Asian British** 🞎 Somali

🞎Indian 🞎 Congolese

🞎Pakistani 🞎 Any other African background

🞎Bangladeshi specify if you wish­­­­\_\_\_\_\_\_\_\_ 🞎Any other Asian background specify if you wish\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎**Any other ethnic category**

 specify if you wish\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 **Chinese**