COMPLAINT FORM 1

Name of Complainant	
Date Complaint received	
SLT Member identified (including date)	
Date initial contact made (SLT member holding call)	
Names of all those involved in complaint – indicate staff or student	

CHRONOLOGY OF EVENTS	
EVENT	**DATE**
Summary of Findings & Agreed action (with dates)	**Malicious/Unsusbstantiated/ Substantiated/False**
Case Closed Date	