Complaint Form

Please complete and return to the Kick-Off Sports Office: kickoffsports@aol.com who will acknowledge receipt and explain what action will be taken.

Your Name:

Pupils name (if relevant):

Your relationship to the pupil (if relevant):

Address:

Postcode:

Day time telephone number:

Evening telephone number:

Please provide details of the 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)?