

MIAG Learner Complaints Form

"Your voice matters – we're here to listen."					
≜ Your Name (if you want to tell us):					
(You can leave this blank if you want to stay anonymous. However, this may mean that we are not able to fully help you with your concern)					
m Date:					
• Where did the problem happen?					
(e.g. Classrooms, GOALS; Forest School; Outside, Lunch, Transport)					
○ What are you unhappy or worried about?					
(You can write, draw or ask someone to help you)					

How did it make you feel?	
✓ You can tick more than one:	
□ Angry	
□Sad	
☐ Embarrassed	
□ Left out	
Unsafe	
☐ Confused	
□ Other:	
What would you like us to d	o to help or fix it?
★ Have you already told some ▼ Tick one:	eone?
☐ Yes — Who?	
□ Not yet	
☐ I'd like someone to help me tell it	
If you want us to talk to a parent/care	er, write their name here (optional):
✓ For staff use only (Leave this	s bit blank)
Received By:	
Date:	
Action Taken:	
Lessons Learnt:	
Complaint logged on tracker:	

You can hand this form to any member of staff or can email to admin@miag.co.uk