

Parklands Community Preschool & Children's
Centre Inc.

COMPLAINT FORM

Confidential

Date: _____

Name of person
Making complaint: _____

Address: _____
_____ Phone: _____

Staff Member/Person
Handling complaint: _____

Complaint Description:

(Attach page if insufficient room here)....

Possible solutions

Negotiated: 1. _____
2. _____
3. _____
4. _____

Solution chosen: _____

ACTION PLAN:

Action	By Whom	Date Completed

Outcome/resolution: _____

I am/ am not happy with the way my complaint was handled.

SIGNED: _____ **Date:** _____

Department of Education and Communities Notified **Yes** ☐ **No** ☐ **Date**

