

Complaints and grievances form

Best practice – Quality area 7

Date _____ Name of complainant _____
 Complainants contact details Phone _____ Mobile _____
 Kindergarten complainant associated with _____
 Complainants position _____

Complaint or grievance details

Steps to be taken to resolve complaint or grievance

Outcome

List of support documents and correspondence

1. _____
2. _____
3. _____
4. _____
5. _____

Executive Officer name _____ **Signature** _____
Complainant _____ **Signature** _____
Third party _____ **Signature** _____