

COMPLAINTS FORM

Child's name	
Name of Parent/carer	
Tel No. {Daytime}	
Please give ful: {please continue a separate shee	l details of your complaint tif required}
Action taken: {for	office use only}
If you have a ser	form to: Mrs. Bridget Cole ious complaint about the standard of service provided contact
and the state of	123 1231 or you can write to them at: