



PARENT COMPLAINT FORM

Child's Name: _____

Date and Time of complaint: _____ at _____ am/pm

Staff witnesses: _____

Program Room: _____

Details of complaint:

Steps to resolve the complaint:

Comments / Further Action to be taken:

Signatures of:

Staff: _____ Parent: _____

Staff Name: _____ Parent Name: _____

Director: _____ Date: _____