

Complaints Form

Date of complaint			
A: Source of complaint			
Parent (in writing, including email)	<input type="checkbox"/>	Staff member	<input type="checkbox"/>
Parent (in person)	<input type="checkbox"/>	Anonymous	<input type="checkbox"/>
Parent (phone call)	<input type="checkbox"/>	Ofsted (Include complaint number if known)	<input type="checkbox"/>
		Other (please state)	<input type="checkbox"/>
B: Nature of complaint (please tick all requirements that the complaints relates to)			
Safeguarding and promoting children's welfare	<input type="checkbox"/>	Organisation	<input type="checkbox"/>
Suitable people	<input type="checkbox"/>	Documentation	<input type="checkbox"/>
Suitable premises, environment and equipment	<input type="checkbox"/>		
Please give details of the complaints:			

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C: How it was dealt with	
Internal investigation	<input type="checkbox"/>
Investigation by Ofsted	<input type="checkbox"/>
Investigation by other agencies	<input type="checkbox"/>
Please give details of any internal investigation or attach any outcome letter from Ofsted:	
D: Actions and outcomes	
Internal actions	<input type="checkbox"/>
Action agreed with Ofsted	<input type="checkbox"/>
Changes to conditions of registration	<input type="checkbox"/>
Other action taken by Ofsted	<input type="checkbox"/>
No action	<input type="checkbox"/>
Actions imposed or agreed with other agencies	<input type="checkbox"/>
Please give details:	
Has a copy of this record been shared with parents? Yes or No	
Name of recorder:	Outcome notified to parent: Yes (within 28 days) Date:
Position: Name: Signature:	Date Completed: