

## Parent Complaint Form

Full Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Preferred Contact:  Phone  Email  In Person Email: \_\_\_\_\_  
Enrolled Child's Name: \_\_\_\_\_ Child's Room: \_\_\_\_\_

### Complaint details:

Please provide specific details of what your complaint is about, and when the matter(s) involved occurred. Providing as much detail as possible will assist us in investigating your complaint. If necessary, you may attach extra pages or material to this form.

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Have you previously discussed this matter with a staff member?  Yes  No  
If yes, please specify the date(s) and the staff member(s) whom you spoke with?

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What was the outcome from your discussion?

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Do you have any suggested solution to this matter?

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please place completed form in secured suggestion box located in foyer or hand to a staff member in a **sealed envelope** marked "To the Director". Alternatively you can email this form to the Director at [mail@stepbystepelc.com.au](mailto:mail@stepbystepelc.com.au).

### Privacy Note:

The information in your complaint, including your name, will be disclosed to the relevant staff member concerned during the course of investigating your complaint. If you do not include your name and contact details we will investigate your complaint, however will not be able to inform you of the outcome.

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### OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Complaint handled by: \_\_\_\_\_ Position: \_\_\_\_\_

Action taken in investigating complaint:

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Outcome/Resolution:

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Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date complainant notified: \_\_\_\_\_ Notified by:  Phone  Email  In Person

Complainants' response to outcome/resolution:

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Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_