

Compliments and Complaints Form

This form can be used by Parents, Carers, Staff, Volunteers or any other Centre user. It can be used for any of the following:

- To make an official Complaint about the Centre
- To pass on any compliments about the Centre
- To pass on anything you feel the Centre needs to address to avoid the need for a complaint to be made.
- To recommend something you feel would improve the performance of the centre.

You may wish to read the compliments and complaints procedure which can be found in the reception area of the centre or online at www.irelandwoodcc.co.uk.

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What are you using this form for? (please tick as appropriate)		To make a formal complaint	To pass on a compliment		lress an of concern	To make a recommendation			
Your Name				Date					
Please provide information of the nature of the complaint/compliment/concern or recommendation. Please include any circumstances which are relevant i.e dates, names, observations etc.									
Is there anything you would like the Centre Manager/ Management Committee to do in response to this form?									
		Juid like the Cell	tre Managery Manageri	ent Committee	e to do in res	porise to this form:			
Would you like to discuss this matter with the Centre Manager/Management Committee? Yes \text{No} \text{D}									
If yes please give details of how and when you would like to do this									
In person at the Centre □ On the phone (please provide your number) □									
I wish to make a formal complaint and request that my compliant is acknowledged and investigated in accordance with the Centres Compliments and complaints policy □									
I wish to raise this issue with the Centre Manager and Management committee and request that it is acknowledges in accordance with the Centre's Compliments and complaints policy.□									
	Please make a note of this compliment and pass my feedback on to the staff. \square								
Signed byDate									

Compliment and Complaint Response Form



Acknowledgement of complaint/issue sent date								
Initial action taken (including timescale, person responsible)								
Has this activ	on resolved this comple	aint/issue? Ves □ No □						
Has this action resolved this complaint/issue? Yes $\ \square$ No $\ \square$								
Details of any communication with individual making the complaint by the Centre Manager/Management committee Date Type of contact (phone, Individuals involved Points of discussion and outcomes								
	meeting, letter)							
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Final Outcome								
Signed by Centre Manager								