

Village End - Complaints Form



Date of complaint:			
A: Source of complaint			
Parent (in writing, including email) ¹ Parent (in person) Parent (phone call)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Staff member Anonymous Ofsted (include complaint number if known) Other (please state)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B: Nature of complaint			
(please tick all welfare requirements to which the complaint relates)			
1: Child protection 2: Suitable people 3: Staff qualifications, training, support and skills 4. Key person 5: Staff:child ratios 6: Health 7: Managing behaviour 8: Safety and suitability of premises, environment and equipment 9: Special educational needs 10: Information and records	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Please give details of the complaint:			

C: How it was dealt with	
Internal investigation Investigation by Ofsted Investigation by other agencies (please state):	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Please give details of any internal investigation or attach any outcome letter from Ofsted:	
D: Actions and outcomes	
Internal actions Actions agreed with Ofsted Changes to conditions of registration Other action taken by Ofsted No action Actions imposed or agreed with other agencies	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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: (within 28 days) ² Date:
Position: Name: Signature:	Date completed: