**Appendix D**

**Stage 2 Complaint Form**

To be completed by Complainant

|  |  |
| --- | --- |
| Your Name: |  |
| Child’s Name: |  |
| Your relationship to the child: |  |
| Address: |  |
| Postcode: |  |
| Telephone Number(s): |  |
| Email Address: |  |
| Details of your complaint: |
| What action, if any, have you already take to resolve your complaint?Please include details of who you spoke to and what was the response/outcome: |

|  |
| --- |
| What actions do you feel may resolve the complaint at this stage? |
| Are you attaching any paperwork to this Form? If yes, please give details. |
| Signature: | Date: |
| **For Office Use Only** |
| Date acknowledgement sent: |  |
| By who: |  |
| Complaint referred to: |  |
| Date complaint referred: |  |