

Feedback / Concern / Complaint

Use this form to notify us of feedback or a complaint concerning our service. Your concern will be investigated in accordance with our Management of Complaints policy.

Your Details		
Your Name		Preferred contact
Would you like to b	pe contacted with feedback following y	our concern?
Yes	No	
Do you have a chil	d currently enrolled in our service?	Child's Name
Yes	No	
Details of comp	laint	
	tails of your concern or complaint, pe matter. If necessary, you may atta	providing as much information as possible to assist us each an additional page or material.
Signature		Date
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OFFICE USE ONLY

Received by	Date	
Handled by	Position	
Description of any action taken as a result of complaint		
Who has been notified of this complaint?		
Staff team		
Individual staff member		
SNCC Manager		
Regulatory Authority		
Other		
Has feedback been provided to complainant?		
Yes No		
Signature of Nominated Supervisor	Date	
Signature of SNCC Manager	Date	