**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: |  | |