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|  | St Paul’s Community Development Trust |

**Complaints Form**

**Contact details**

|  |  |  |
| --- | --- | --- |
| First Name: | Surname: | |
| Address |  | Postcode |
| Email Address |  | |
| Contact Number |  | |

**Are you:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Parent/Carer |  |  |  | Visitor |  | Other (please specify) |  |

**Department Complaint relates to:**

|  |  |
| --- | --- |
| Children’s Centre |  |
| Out of School Services (includes NEST) |  |
| Farm |  |
| Nursery |  |
| Other (please state below) |  |
|  |  |

**Nature of complaint:** Tick area that the complaint relates to.

|  |  |  |  |
| --- | --- | --- | --- |
| Safeguarding |  | Equality of opportunity |  |
| Administration |  | Finance |  |
| Illness & Injury |  | Behaviour Management |  |
| Medicines |  | Physical environment |  |
| Food & drink |  | Recruitment |  |
| Premises & security |  | Staffing |  |
| Trips Out |  | Management |  |
| Data Protection |  | Other (Specify) |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | |
| Date when matter arose: |  | | / |  | | / |  | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Please record the details of the complaint and what you would like us to do. Use additional page if necessary.** | | | | | | | | | | | | | | | | |
| **Have we resolved this matter?** | | Yes | | |  | | | No | |  |
| **If we have not resolved, do you wish to take this matter further?** | | | | | | | | | | | | Yes |  | No |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Signature: |  | Date: |  | / |  | / |  |
| Print Name: |  |

**What actions were taken to resolve this matter?** To be filled in by the Manager dealing with the matter.

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**Note: If a formal complaint is raised, this form is to be sent to the Head of Department within 5 working days.**

**Tracking Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Complaint received:** | By telephone |  | In person |  | In writing/email  (Please attach) |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Managers Signature: |  | Date: |  | / |  | / |  |
|  |  |  |  |  |  |  |  |
| Managers Name: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Head of Dept Signature: |  | | Date: |  | | / | |  | | / | |  | |
|  |  |  | | |  | |  | |  | |  | |  | |
| Head of Dept Name: |  | |

**Staff Use Only**

Head of Department has arranged an investigation (to be done within 10 working days)

Outcome of the investigation to be logged below including action taken, with reasons (reports to be attached)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| Investigation arranged by Head of Department: |  | / |  | / |  |  |
|  | | | | | | |
| Have you attached any other correspondence? (Please state): | | | | | | |

**Office Use Only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Investigation report sent to the complainant? | Yes |  | Complainant informed of the outcome? | Yes |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Has a final completed copy been sent to the Head of Department? | Yes |  | Logged with Governance Officer | Yes |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you informed the complainant how they can notify Ofsted? | Yes |  | Not Applicable |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of recorder and position: |  | | Date: |  | | / | |  | | / | |  | |
|  |  |  | | |  | |  | |  | |  | |  | |
| Signature: |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| new sun gs without text 040519 | Equal Opportunities MonitoringWe hope you will assist us by completing this form. This information is being gathered to monitor our equal opportunities policy, and for no other reason. The data will be treated with the utmost confidentiality. | | | | |
| Are you:  Male  Female | | | | Date of Birth | |
| Do you consider yourself to have a disability?  Yes.  No | | | | | |
| ETHNIC ORIGIN | | | | | |
| How would you describe your ethnic origin? Please put a cross in one of the boxes | | | | | |
| Ethnic origin refers to members of an ethnic group who share the same cultural background and identity. The categories listed below are approved by the Commission For Racial Equality. | | | | | |
| Asian or Asian British - Bangladeshi | | | | Mixed - White and Black African | |
| Asian or Asian British - Indian | | | | Mixed - White and Black Caribbean | |
| Asian or Asian British - Pakistani | | | | Mixed - Other Mixed | |
| Asian or Asian British - Other Asian | | | | White - British | |
| Black or Black British - African | | | | White - Irish | |
| Black or Black British - Caribbean | | | | White - Other White | |
| Black or Black British - Other Black | | | | Yemeni | |
| Chinese | | | | Not known or prefer not to say | |
| Mixed - White and Asian | | | | Any other group (specify) | |
| OTHER | | | | | |
| Religion | | | I have no religious beliefs  Prefer not to say | | |
| I would describe my religious background as: | | |  | | |
| Sexual Orientation | | |  | | |
| Bi Sexual | | Gay/Lesbian | Heterosexual | | Prefer not to say |
|  | | | | | |
| Information included on this form is covered under the Data Protection Act 1998. This information will be kept on your personal computerised or paper record. You have the right to see the information held on you. By signing the form you have given St Paul’s express permission to process this data. | | | | | |