



COMPLAINT / CONSTRUCTIVE FEEDBACK FORM

Kinda Kapers grievance and constructive feedback form is a documented measure to address any stakeholders concerns and feedback. By taking the time to complete this form you will be assisting us to address such issues and improve our quality of service.

PLEASE NOTE THAT BY GIVING US YOUR OPINIONS / FEEDBACK WE WANT YOU TO KNOW THAT NEITHER YOU OR YOUR CHILD WILL BE DISCRIMINATED AGAINST OR TREATED DIFFERENTLY IN ANY WAY.

Date: _____ Centre: _____

Name: _____

Did the centre provide you with a copy of our Complaint / Constructive Feedback Procedure?

YES / NO

(As a client you are entitled to a copy of this, please make sure you arrange to get this document)

Grievance or Constructive Feedback:

Who was the staff member who you spoke with: _____

When did you speak with the staff member: _____

What was their response?

Do you feel as though the grievance / constructive feedback has been dealt with appropriately in consultation with Kinda Kapers grievance / constructive feedback procedure?

YES / NO

If no, what could have been improved:

ACTION TAKEN BY CENTRE MANAGEMENT

Parent / Guardian Signature

Staff members Signature

Director / Service Manager
Signature

Date: _____

Date: _____

Date: _____

NOTE: If you are unsatisfied with the level at which your grievance or constructive feedback was dealt with please refer to the Director General or Ombudsmen. Contact Numbers are noted on the Handling Complaints and Constructive Feedback Procedure.