

# Happy Days Pre School (Navenby)

## Formal Complaints Form

Date of Complaint .....

Parent/Carer (in writing, including email) <input style="float: right;" type="checkbox"/>	Staff member <input style="float: right;" type="checkbox"/>
Parent/Carer (in person) <input style="float: right;" type="checkbox"/>	Anonymous <input style="float: right;" type="checkbox"/>
Parent/Carer (Phone call) <input style="float: right;" type="checkbox"/>	Ofsted (Include complaint number if known) <input style="float: right;" type="checkbox"/>
	Other (please state) <input style="float: right;" type="checkbox"/>
<b>B: Nature Of Complaint</b>	
<b>The Welfare Requirements</b> <ul style="list-style-type: none"> <li>• Safeguarding and promoting children’s welfare <input style="float: right;" type="checkbox"/></li> <li>• Suitable People <input style="float: right;" type="checkbox"/></li> <li>• Suitable premises, environment and equipment <input style="float: right;" type="checkbox"/></li> <li>• Organisation <input style="float: right;" type="checkbox"/></li> <li>• Documentation <input style="float: right;" type="checkbox"/></li> </ul>	<b>The Learning and Development Requirements</b> <ul style="list-style-type: none"> <li>• The early learning goals and educational programmes <input style="float: right;" type="checkbox"/></li> <li>• The assessment arrangements <input style="float: right;" type="checkbox"/></li> </ul>
<b>Please give details of the complaint</b>	

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<b>C: How it was dealt with</b>	
Internal investigation	
Investigation by Ofsted	
Investigation by other agencies (please state)	
Please give details of any internal investigation or attach any outcome letter from Ofsted:	

<b>D: Actions and outcomes</b>		
Internal Actions		
Actions agreed with Ofsted		
Changes to conditions of registration		
Other action taken by Ofsted		
No Action		
Actions imposed and agreed with other agencies		
Please give details:		
<b>Has a copy of this record been shared with parents? Yes or No</b>		
Name of recorder:		Outcome notified to parent (within 28 days)
		Date:
Position:	Date Completed:	
Name:		
Signature:		