KIDS AFTER SCHOOL	COMPLAINT FORM
Name of Programme: (Please circle one)	Pukekohe Hill / Harrisville / Bombay / Patumahoe / Waiuku / Karaka
Name of Complainant:	Child's Name:
Address:	
Contact Phone Number:	
Email:	
Give the name of the Staff member you first reported the complaint to:	
Date of Initial Complaint:/	
Describe in detail and accurately the nature of your complaint:	
What actions do you think can be taken to avoid a repeat of your complaint:	
Signature of Complainant:	
Date:	
Office Use Only	
Investigation:	
Response to Complainant:	
Date:/	
Complaint recorded by:	