



Provider Complaints Record

Date of complaint:
Time of complaint:

A: Source of complaint (please tick correct source)

Parent (in writing, including email)	<input type="checkbox"/>	Anonymous	<input type="checkbox"/>
Parent (in person)	<input type="checkbox"/>	Ofsted (include complaint number if known)	<input type="checkbox"/>
Parent (phone call)	<input type="checkbox"/>		
Staff member	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

B: Nature of complaint
(please tick all welfare requirements to which the complaint relates)

- 1: Child protection
- 2: Suitable people
- 3: Staff qualifications, training, support and skills
- 4: Staff:child ratios
- 5: Promoting good health
- 6: Managing behaviour
- 7: Safety and suitability of premises, environment and equipment
- 8: Equal opportunities
- 9: Information and records

Please give details of the complaint:

Office use below

C: How it was dealt with	
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:	
D: Actions and outcomes	
Internal actions Actions agreed with Ofsted Changes to conditions of registration Other action taken by Ofsted No action Actions imposed or agreed with other agencies	
Please give details/reasons:	
Has a copy of this record been shared with parents? Yes or No	
Name of recorder: Job Title: Address:	Outcome notified to parent: (within 28 days) Date:
Position: Name: Signature:	Date completed: