



Mountain Community Children's Centre Inc.

Grievance/Complaints Record Form

Date of Complaint	
Complaint Received By	
Complaint made by	<input type="checkbox"/> Telephone <input type="checkbox"/> Letter (attached) <input type="checkbox"/> In person <input type="checkbox"/> Other _____
Subject of Complaint	
Name of Complainant	
Details of Complaint	
Comments	
Action to be Taken	

Written Feedback to be given by (within 7 days)	
Outcome	
Signed (Management Committee Representative)	
Date	
Signed (Nominated Supervisor)	
Date	
Follow up Required	<input type="checkbox"/> No <input type="checkbox"/> Yes (outline details)
By whom	
Any Additional Comments or Relevant Information	
Signed (Family) If satisfied with the outcome	
Date	