

SUGGESTION / COMPLAINTS FORM

Name:

Address:
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Contact numbers: (home)(work) (mobile)

Please describe the nature of your suggestion, complaint or concern:

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Once completed please hand this form into the programme supervisor, or directly to the Manager at KAS Care.

If you have a complaint or concern it will be handled with the strictest confidence and we will call you to set up a meeting to discuss the contents of this form.

At the meeting you are welcome to bring a support person with you.

Signature:

Date:

To be signed by staff once the meeting has taken place and the matter resolved:

Signed by the parent: Date:

Signed by the programme Supervisor: Date:

Signed by the programme Manager: Date: