

Tithe Barn Preschool Complaints Record

We shall investigate all complaints notified to us, in writing, by a parent of a child attending the setting. We shall give an account of the findings of the investigation into the complaint and any action taken to the parent who made the complaint, within 28 days of the date of the complaint.

Date of Complaint:					
Source of Complaint (please tick as appropriate)					
Parent (in writing, including email)	<input type="checkbox"/>	Anonymous		<input type="checkbox"/>	
Parent (in person)	<input type="checkbox"/>	OFSTED Complaint No (if known):		<input type="checkbox"/>	
Parent (phone call)	<input type="checkbox"/>				
Staff member	<input type="checkbox"/>	Other (please state)		<input type="checkbox"/>	
Nature of Complaint (please tick the requirements that the complaint relates to)					
Tick if this relates to Early Years Complaint <input type="checkbox"/> or Childcare Register Complaint <input type="checkbox"/>					
Learning and development (Section 1 pg 7-12)	1.1 to 1.12		Premises and security - Safety (Section 3 pg 27)	3.54 to 3.55	
Child Protection (Section 3 pg 16-17)	3.4 to 3.8		Smoking (Section 3 pg 27)	3.56	
Suitable people (Section 3 pg 16-18)	3.9 to 3.13		Risk assessment (Section 3 pg 27)	3.64	
Medication/other substances (Section 3 pg 20)	3.19		Outings (Section 3 pg 29)	3.65 to 3.66	
Medicines (Section 3 pg 25)	3.44 to 3.46		Special Educational Needs (Section 3 Pg 29)	3.67	
Food and drink (Section 3 pg 26)	3.47 to 3.49		Information & Records (Section 3 pg 29- 30)	3.68 to 3.73	
Accident or injury(Section 3 pg 26)	3.50 to 3.51		Complaints (Section 3 pg 30- 31)	3.74 to 3.75	
Behaviour management (Section 3 pg 26-27)	3.52 to 3.53				
Please give details of the complaint:					

How it was dealt with (please tick as appropriate)	
Internal investigation <input type="checkbox"/>	Investigation by OFSTED <input type="checkbox"/>
Investigation by other agencies (please state) <input type="checkbox"/>	
Please give details of any internal investigation or attach any outcome letter from OFSTED:	
Actions and outcomes (please tick as appropriate)	
Internal actions <input type="checkbox"/>	Other action taken by OFSTED <input type="checkbox"/>
Actions agreed with OFSTED <input type="checkbox"/>	No action <input type="checkbox"/>
Changes to conditions of registration <input type="checkbox"/>	Actions imposed or agreed with other agencies <input type="checkbox"/>
Please give details:	
Has a copy of this record been shared with parents? Yes or No	
Name of recorder:	Outcome notified to parent: Yes or No Date:
Position:	Name:
Date completed:	Signature: