

Complaint Form

We value your feedback. Please use this form to raise any concerns or complaints. All submissions will be treated confidentially and addressed promptly.

1. Personal Information

Name of Complainant: _____

Complainant:

- Staff/Teacher
- Parent/Guardian
- Student
- Other: _____

Student's Name (if applicable): _____

Contact Number: _____

Email Address: _____

2. Details of Complaint

Date of Incident/Issue: _____

Location/Centre Branch: _____

Staff/Teacher Involved (if applicable): _____

Nature of Complaint (tick all that apply):

- Teaching quality
- Staff behaviour
- Administration/management
- Safety & environment
- Fees & payments

Other: _____

3. Description of Complaint

(Please describe the issue clearly, including dates, people involved, and any relevant details.)

4. Impact of the Complaint

(How has this issue affected you or your child?)

5. Resolution Sought

(What outcome or action would you like the centre to take?)

6. Declaration

I confirm that the information provided in this complaint form is true to the best of my knowledge.

Signature: _____

Date: _____

7. For Office Use Only

Date Received: _____

Complaint Reference No: _____

Staff Handling Complaint: _____

Action Taken: _____

Outcome/Resolution: _____

Date Resolved: _____