



Family Complaints and Grievance Form

Name: _____ (Optional) Date: _____

Grievance (please give as much detail as possible. Please use additional paper if necessary):

Action you would like to see taken: _____

Time Frame for action to take place: _____

Signature: _____

-----Office Use-----

Family Name: _____ Date Received Form: _____

Grievance Rating: Severe ____ Medium ____ Mild ____

Can action recommended above be implemented? Yes or No

What action is the Centre going to take: _____

In what time frame will this issue be dealt with: _____

Has a meeting being conducted in relation to this situation? If yes, please name meeting attendees and what evolved at this meeting: _____

How was the situation resolved? _____

What strategies have been developed into the Centre to ensure this situation is not repeated?

Has the situation been addressed at the next educator meeting? Remembering confidentiality?

Educator Signature: _____ Directors Signature: _____

Date: _____ Date: _____