



Goring and Cleeve Pre-School Complaint Form

Your name:	Today's date:
Email:	Telephone:
Your child's name:	DOB:

Please tell us what your complaint is about. If your complaint is about a specific incident, please include the date the incident occurred.

Please indicate how you would like us to contact you: email telephone

Please return this form to co-chairs@goringandcleevepreschool.org.uk or alternatively, place in a sealed envelope and give to a member of staff to be put in the co-chairs' file.

Many thanks, Carla Turner and Jane Street (Co-chairs)

Action/Outcomes:

SignedCo-ChairCo-Chair Date