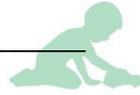


## Parent Concern and Complaint Form

About Gurusthanam::Enlighten Childhood: \_\_\_\_\_



Date of complaint: \_\_\_\_\_

Describe in detail and accurately the nature of your complaint/concern (attach extra sheet if needed). Please include date and time of the incident (if applicable), direct quotes, first hand observations and facts, names of persons involved, witnesses if any, etc.:

A large rectangular box with a black border, intended for the complainant to describe the incident. It contains several faint, colorful illustrations of children: a pink child sitting on the top left, a purple child doing a handstand in the center, a blue child crawling at the bottom left, and a red child holding a ball on the right side.

Signature of the Complainant: \_\_\_\_\_

\*Name of a Person Submitting Complaint: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Telephone number: \_\_\_\_\_ \*Mobile Number \_\_\_\_\_

\*Email: \_\_\_\_\_

When handling your complaint, the **Gurusthanam::Enlighten Childhood** will: Treat all your information in confidence to the greatest extent possible and consistent with the public interest and the right to privacy. Complaints information required for reporting and statistical purposes will be made anonymous and all identifiable data will be removed. However, where the screening and /or investigation of the complaint indicates that there is a requirement to disclose some or all of the details of the complaint e.g. there is evidence of child protection or health and safety issues that must be reported in accordance with the State Government Guidelines, the complainant will be informed immediately and the information will be directed to the appropriate agency.



*For Office Use Only*

Complainant recorded by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Gurusthanam::Enlighten Childhood Staff)

**Actions taken:**

**Acknowledgement Letter Sent:** \_\_\_\_\_  
Date

**Referral made to:**

Early Years Inspectorate: Yes \_\_\_\_\_ No \_\_\_\_\_, Social Work Department: Yes \_\_\_\_\_ No \_\_\_\_\_,  
Other Department : Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_ Person in Contact \_\_\_\_\_

**Other measures taken:**

**Response letter sent:** \_\_\_\_\_  
Date

**Gurusthanam::Enlighten Childhood** Coordinator: \_\_\_\_\_  
Date: \_\_\_\_\_