



**BOSCO**  
**Beckenham Out of School Care Organisation**

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 www.bosco.org.nz

**COMPLAINT FORM**

Name of complainant \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile)

Nature of the complaint (please describe who or what the complaint is about)

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Please hand the complaint form to the Supervisor. Your complaint will be treated in confidence; however the matter will need to be discussed with the parties involved to resolve the matter. If the Supervisor cannot resolve your complaint, you will be contacted by the Chairperson to discuss the situation further. If the complaint has still not been resolved the Management Committee will take further steps as required until all parties are satisfied.

Signed by the complainant \_\_\_\_\_ Date \_\_\_\_\_

**To be signed by the following once the complaint has been resolved.**

Signed by the Complainant \_\_\_\_\_ Date \_\_\_\_\_

Signed by the Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signed by the Chairperson \_\_\_\_\_ Date \_\_\_\_\_