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Charitable Status: CC40574

BOSCO
Beckenham Out of School Care Organisation

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 Co-ordinator. 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 Co-ordinator 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 Co-ordinator_____Date_____

Signed by the Chairperson_____Date_____