

Appendix A

Complaints Form

Please complete all sections of this form using block letters.

Name of person making complaint:

Address:

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Phone number:

Date & time complaint was first made: Date & time of incident:

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Name of person to whom complaint was first made:

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Name of Registered Provider:

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Details of Complaint:

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Please continue on an additional sheet if required

Signature: Date:

Please return to Manager of Play Together/ the owner of Play Together

Read by Manager

Signature: Date: