

OurKidz NZ OSCAR Complaint Form

Name of complainant: _____
Address: _____
Contact: Home: _____ Mobile: _____
Email: _____

Nature of complaint: (please describe the events that lead to the complaint):

Please hand the complaint form to the Programme Supervisor. Your complaint will be treated in confidence; however, the matter may need to be discussed with the parties involved to resolve the matter. If the Programme Supervisor cannot resolve your complaint, you will be contacted by the Programme Coordinator to discuss the situation further. If the complaint has not be resolved Management will be notified and steps will be taken until all parties are satisfied and issues are resolved.

Signed by the complainant: _____ Date: _____

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

Signed by the complainant: _____ Date: _____
Signed by Programme Supervisor: _____ Date: _____
Signed by the Programme Co-coordinator: _____ Date: _____
Signed by management representative _____ Date: _____