

Parent/Carer Complaint Form Free entitlement to early education



Please use this form if you have a complaint about the free entitlement which you have not been able to resolve through discussions with your childcare provider.

Section 1 Parent/Carer Details

Title	<input type="text"/>
Forename	<input type="text"/>
Surname	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Contact Telephone No.	<input type="text"/>

Please note we are only able to fund families living in Bracknell Forest. Address details will be checked to ensure this requirement is met.

Section 2 Child Details

Forename	<input type="text"/>
Surname	<input type="text"/>
Date of Birth	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Section 3 Childcare Provider Details

Name of Provider	<input type="text"/>
Address of Provider	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>

Section 4 Details of your child's attendance

What days/times does your child attend with this childcare provider?
For example Monday 9am to 6pm, Tuesday 8am to 1pm etc.

Day	Mon	Tues	Wed	Thurs	Fri
Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 5 Details of when your child's accesses the free entitlement

What days/times does your child access the free entitlement with this childcare provider?

Day	Monday	Tuesday	Wed	Thurs	Fri
Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 6 Details of any other childcare provider that your child attends

What days/times does your child access the free entitlement with this childcare provider?

Does your child attend any other childcare provision YES NO

If 'NO' please go to Section 7

If 'YES' please provide the information requested below.

Name of Provider

Address of Provider

Postcode

Do you claim the free entitlement for your child at this setting YES NO

If 'YES', how many hours does your child claim at this setting hours per week

Section 7 Details of your complaint (please take as much space as you need - the box will expand as you type into it if necessary)

Section 8 Supporting information

Please ensure that you attach copies of the following documents in order to assist us with reviewing your complaint:

- A copy of the most recent invoice for your child
- A copy of the agreement/contract that you signed when you registered your child with this childcare provider

Section 9

Expected outcomes

(please indicate what you feel would be an acceptable resolution to this complaint)

Section 10

Data Protection Act 1998

The information provided on this form will be stored securely and will not be disclosed or shared with any person or other agencies without prior permission unless we are legally obliged to do so.

Section 11

Return Information

Completed forms should be emailed to

ehbs@bracknell-forest.gov.uk

If you do not have access to email, the form should be printed and posted to:

**Early Help Business Support Team
Prevention and Early Help
Bracknell Forest Council
Time Square
Market Street
Bracknell RG12 1JD**

Section 12

What happens next?

We send an acknowledge email or letter to let you know that we have received your complaint.

The Early Help Business Support Team will contact the provider and arrange to review their documentation and processes. This will be done in complete confidence and your name will not be given to the provider unless you agree for us to do so.

We aim to provide a written response to your complaint as quickly as possible, and no later than 15 working days. We will always keep you updated with our progress wherever possible.

It is important that the form is completed in full, and you enclose all the documents requested.

Without these documents we may not be able to assess your complaint.

THANK YOU FOR COMPLETING THIS FORM