

FISH N FLIPS

SWIM SCHOOL

CHILD FRIENDLY COMPLAINTS FORM

TELL US ABOUT YOU

YOUR NAME: _____

PHONE NUMBER: _____

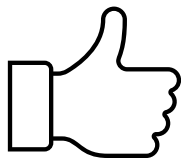
WHO OR WHAT ARE YOU UNHAPPY WITH?

WHEN DID IT HAPPEN? _____

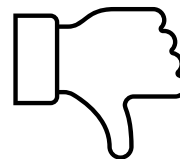
WHAT WOULD MAKE YOU HAPPY? WHAT WOULD YOU LIKE US TO DO TO HELP?

WE MIGHT NEED TO TALK TO YOU ABOUT WHAT HAPPENED. ARE YOU OK WITH THIS?

CIRCLE ONE



YES



NO

SOMEONE ELSE CAN SPEAK FOR YOU IF YOU LIKE:

WHAT IS THEIR NAME? _____

WHAT IS THEIR PHONE NUMBER? _____

YOU CAN GIVE THIS FORM TO A STAFF MEMBER AT THE CENTRE