



**RICKMANSWORTH CHILDREN'S CENTRE**  
**COMPLAINTS FORM**

**Name: Mr/Mrs/Miss/Ms/Dr/Other** (please delete or state as appropriate)

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

**Address** (including postcode):  
\_\_\_\_\_  
\_\_\_\_\_

**Daytime phone number:** \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

**Please state the nature of your complaint:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who have you contacted so far? (If anyone)**  
\_\_\_\_\_  
\_\_\_\_\_

**What outcome would you like to see?**  
\_\_\_\_\_  
\_\_\_\_\_

Please submit your complaint to Debbi Keeley, Children's Centre Manager,  
Rickmansworth Children's Centre, Shepherds Lane, Rickmansworth, Herts. WD3  
8JJ