KCCC Concern/Complaint Form

Date of Complaint:
Describe in detail and accurately the nature of your complaint/concern in relation to the services provided by the Kildare CCC. Please include your date and time of the incident (if applicable), direct quotes, first hand observations and facts, names of persons involved, witnesses if any, etc.:
Name of a Person Submitting Complaint:
Address:
Telephone number: Mobile Number
Email:
I declare that the information that I have given in relation to my concern/complaint above, is complete and true to the best of my knowledge.
Signature of the Complainant:

When handling your complaint, the Kildare CCC will: Treat all your information in confidence to the greatest extent possible and consistent with the public interest and the right to privacy in line with our GDPR policies. Complaints information required for reporting and statistical purposes will be made anonymous and all identifiable data will be removed. However, where the screening and /or investigation of the complaint indicates that there is a requirement to disclose some or all of the details of the complaint e.g. there is evidence of child protection or health and safety issues that must be reported in accordance with the Children First Guidelines, the complainant will be informed immediately and the information will be directed to the appropriate agency.

Please submit this complaint form to KCCC via post (Kildare County Childcare Committee at Unit 21,

Thompson Enterprise Centre, Clane Business Park, Clane, Co. Kildare) or email info@kccc.ie

For KCCC Office Use Only

Complaint received on	By:
(Date)	(KCCC Staff/Board Member)
Complaint dealt with by:	
(KCCC Staff/Board)	
Date Acknowledgement Letter Sent:	
Actions taken:	
ELC / SAC Complaints will be signposted to appl Agency signposted to: Date signposted:	
Additional Notes:	
Date of CCC final reply sent:	
Sent by: Signatu	ıre: