**Parent/Carer Feedback Form**

Dear Parent/Carer

It is important to us that we get your comments and suggestions regarding our setting and the care of your children to ensure there is a continuous improvement in our services. We would be grateful if you would complete the form below.

|  |  |
| --- | --- |
| **Date:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Do you want to make a:** |  |  |  |  |  |
| Suggestion |  | Comment |  | Complaint |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you require a reply?** |  | |  |  |
| Yes |  | No | |  |

|  |
| --- |
| **Name** (optional) |
| **Contact number** (optional) |
| **Email address** (optional) |

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| **Please write your suggestions, comments or complaints in the box below. Please include as much detail as possible, such as dates, time, place or names of staff etc.** |
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