**Prospr – Child Complaints Handling Form**

### **We Care About Your Concerns!**

We want to make sure you feel safe and happy. If something is bothering you or if you have any concerns, please use this form to let us know. Your feelings matter, and we are here to listen and make things better.

### **Section 1: About You**

|  |  |
| --- | --- |
| **Your Name (optional):** |  |
| **Your Age:** |  |
| **Date of Complaint:** |  |

**Section 2: What's Going On?**

**1. What is bothering you? (Check all that apply):**

[ ]  Someone was not nice to me.

[ ]  I felt unsafe.

[ ]  No one is listening to me.

[ ]  I am not being treated fairly.

[ ]  Other (please explain):

**2. Can you tell us what happened in your own words?**

**Section 3: Details**

**3. When did it happen?**

|  |  |
| --- | --- |
| **Date** |  |
| **Time** |  |

**4. Where did it happen?**

**5. Who was involved?**

### **Section 4: How Did It Make You Feel?**

**6. How did the situation make you feel? (Check all that apply):**

[ ]  Sad

[ ]  Scared

[ ]  Angry

[ ]  Confused

[ ]  Other (please explain):

**7. Is there anything you think we can do to help you feel better?**

**Section 5: Talking About It**

**8. Would you like someone to talk to you about this?**

[ ]  Yes

[ ]  No

**9. Is there someone specific you would like to talk to?**

**Section 6: Declaration**

I, [optional to include name], want to make things better by sharing my feelings. I hope someone can help me.

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

**We Care About You!**

Remember, we care about you, and your safety is our top priority. If you ever need to talk more about what happened, please know that we are here to listen and support you. Your voice matters, and we want to make things right.

Thank you for sharing your feelings with us.

Sincerely,

Prospr Team.

**Section 7: For Prospr Use Only**

**10. Initial Assessment:**

**11. Investigation Plan:**

**12. Resolution Outcome:**

Top of Form