



YOUR DETAILS

Family Name

Given Name/s

Street Address

Suburb

Postcode

Email Address

Contact Phone

YOU ARE

- Student Parent/carer Staff member
 Other (please specify)

SUBJECT OF THE COMPLAINT (PLEASE TICK ALL RELEVANT BOXES)

- School Staff member Student Policy/Procedure
 Other (please specify)

DETAILS OF THE COMPLAINT

DETAILS OF THE OUTCOME YOU ARE SEEKING

HAVE YOU PREVIOUSLY RAISED THIS CONCERN WITH A STAFF MEMBER? (PLEASE TICK)

- No Yes If Yes, when?

Who dealt with the matter?

What was the result?

Signature

Date

OFFICE USE ONLY - RECORDING OF OUTCOMES

FOR MATTERS WHICH HAVE BEEN RESOLVED

Resolution options

- Self-resolution Supported self-resolution Facilitated mediation
 Intervention Investigation

Actions undertaken

Outcome

Date matter is finalised

Name of staff member

FOR MATTERS WHICH NEED FURTHER ACTION

Referred to

Date

Referred by

Signature

Outcome

Name of staff member

Signature

PRIVACY NOTICE

The information provided on this form will be used by the school to follow up your complaint.
Should the information supplied be required by external authorities then the school will comply with such requests.