



COMPLAINT FORM

1. YOUR DETAILS	
Family name:	Given name(s):
Address:	
Contact number:	Email:
2. YOU ARE:	
<input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Parent/carer <input type="checkbox"/> Other (please specify)	
3. SUBJECT OF THE COMPLAINT (PLEASE TICK ALL RELEVANT BOXES)	
<input type="checkbox"/> School <input type="checkbox"/> Staff member <input type="checkbox"/> Student <input type="checkbox"/> Policy/Procedure	
<input type="checkbox"/> Other (please specify)	
4. DETAILS OF THE COMPLAINT	
Please attach additional page(s) if space is insufficient. You may also attach further documentation if you wish.	
5. DETAILS OF THE OUTCOME YOU ARE SEEKING	
Please attach additional page(s) if space is insufficient.	
6. HAVE YOU PREVIOUSLY RAISED THIS CONCERN WITH A STAFF MEMBER? (PLEASE TICK)	
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when?	
Who dealt with the matter?	
What was the result?	
Signature:	Date:
School Office Use: RECORDING OF OUTCOMES	
<i>For matters which have been resolved:</i>	
Resolution options	
<input type="checkbox"/> Self-resolution <input type="checkbox"/> Supported self-resolution <input type="checkbox"/> Facilitated mediation <input type="checkbox"/> Intervention <input type="checkbox"/> Investigation	
Actions undertaken:	
Outcome:	
Date matter is finalised:	
Name of staff member:	Signature:
<i>For matters which need further action:</i>	
Referred to: Name:	Date:
Referred by: Name:	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.	