



COMPLAINT FORM

1. YOUR DETAILS

FAMILY NAME: _____ GIVEN NAME: _____

ADDRESS: _____

PHONE NUMBER: (HOME) _____ (WORK) _____ (MOBILE) _____

2. ARE YOU A (PLEASE TICK BOX)

- Student
- Parent or Caregiver (Name of Student) _____ Home Room _____
- Staff
- Other (Please specify) _____

3. Have you discussed your matter with a designated staff member?

- Yes
- No

If Yes when? _____

Who dealt with the matter? _____

What was the result? _____

4. Please give details of the complaint and outcome you are seeking.

Form completed by _____

Signature: _____ Date: _____

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.