



COMPLAINT FORM

1. YOUR DETAILS

Family name:	Given name(s):
Address:	
Contact number:	Email:

2. YOU ARE:

Student
 Staff
 Parent/carer
 Other (please specify)

3. SUBJECT OF THE COMPLAINT (PLEASE TICK ALL RELEVANT BOXES)

School
 Staff member
 Student
 Policy/Procedure
 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)

No
 Yes
 If yes, when?

Who dealt with the matter?

What was the result?

Signature: _____ Date: _____

School Office Use: 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: _____ Signature: _____

For matters which need further action:

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.