

COMPLAINT FORM



1. Your details

Family Name: _____

Given Name(s) _____

Address: _____

Phone Number (home) _____ (work) _____

(mobile) _____

2. Are you a...(Please tick box)

- Student
- Parent or Caregiver (Name of student) _____
- 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 complaint and outcome you are seeking.

Date: _____ Signature: _____

Please mail this form or hand it in at the school office.

Privacy Notice:

The information provided on this form will be used by the school to follow up your complaint. The information may be provided by the school to the Catholic Education Office who monitor the services provided by the school or to the police for law enforcement purposes. The provision of this information is voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the school office.