

Complaint Form

1. YOUR DETAILS

Family name: _____ Given name(s) _____

Contact details: _____

2. YOU ARE: (PLEASE TICK)		3. THE COMPLAINT IS ABOUT EVENTS AT: (PLEASE TICK AND GIVE DETAILS)	
Student	<input type="checkbox"/>	A school	<input type="checkbox"/>
Parent/caregiver	<input type="checkbox"/>	CEO office	<input type="checkbox"/>
Staff	<input type="checkbox"/>	Specify location and address:	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		

4. PLEASE GIVE DETAILS OF THE COMPLAINT

(Please attach additional page if space is insufficient. You may also attach further documentation if you wish.)

5. PLEASE GIVE DETAILS OF THE OUTCOME YOU ARE SEEKING

(Please attach additional page 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? _____

7. DO YOU PROVIDE CONSENT FOR DETAILS OF THE COMPLAINT TO BE FORWARDED TO THE RESPONDENT?

Yes No

Signature: _____ Date: _____

For complaint handler use (see assessing and referring complaints)

Office use

For matters which are resolved at intake:

Advice/Action: _____

Options: Self-resolution Assisted resolution Mediation Intervention Investigation Systems improvement

Outcome: _____

Date matter is finalised: _____

Name of complaint handler: _____ Signature: _____

For matters which need further action:

Referred for: Further assessment to Director System Performance Team Leader Employment Relations other

Referred to: Name: _____

Referred by: Name: _____ Signature: _____

Date: _____