

**1. YOUR DETAILS**

Family name

Given name(s)

Address

Contact number

Email or Fax

**2. YOU ARE: (PLEASE TICK)**

Student

Parent / Caregiver

Staff

Other (please specify)

**3. PLEASE GIVE DETAILS OF THE COMPLAINT**

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

**4. PLEASE GIVE DETAILS OF THE OUTCOME YOU ARE SEEKING**

(Please attach additional page if space is insufficient.)

**5. 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: \_\_\_\_\_