

Complaint Intake Form

1. YOUR DETAILS

Family Name _____
 Given Name(s) _____
 Address _____
 School _____

Home No.: _____ Work No.: _____
 Mobile: _____ Fax: _____
 Email: _____

2. YOU ARE: (PLEASE TICK)

Student

Parent or Caregiver

Staff

Other (please specify)

3. THE COMPLAINT IS ABOUT EVENTS AT: (PLEASE TICK AND GIVE DETAILS)

A school

CEO Office

Another location

4. HAVE YOU DISCUSSED YOUR COMPLAINT WITH A STAFF MEMBER? (PLEASE TICK)

Yes No (Go to No. 5)

If yes, when: _____

Who dealt with the matter? _____

What was the result? _____

5. PLEASE GIVE DETAILS OF THE COMPLAINT

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

6. PLEASE GIVE DETAILS OF THE OUTCOME YOU ARE SEEKING

(Please attach additional page if space is insufficient.)

Signature: Date:

Mail this form or hand it in to the complaints handler

Privacy Notice: The information provided on this form will be used by the complaints handling officer to follow up your complaint. The information may be provided by CEO to Ombudsman who monitors the services provided by CEO, 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 by contacting the person to whom you submit this form.

Office use only:

Outcome:

Date:

Name: Signature:

Referred to: Name: Date:

By: Name: Signature: