

COMPLAINT FORM

Complainant's Contact Details

Full name:	
Contact phone:	
Contact email:	

Complainant's Category

<input type="checkbox"/> Parent	<input type="checkbox"/> Family member	<input type="checkbox"/> Staff member	<input type="checkbox"/> Person with management or control	<input type="checkbox"/> Educator	<input type="checkbox"/> Other
---------------------------------	--	---------------------------------------	--	-----------------------------------	--------------------------------

Complaint Details

Describe your complaint (include the following)

- describe the incident and/or your concerns
- include key dates and times, such as when the incident occurred
- if known, include the names of people involved
- details of any telephone conversations or emails
- any other information that you think is relevant to your complaint.

--

What action would you like to see as a result of your complaint?

--

Date Submitted: _____