**Complaint Form**

*Please read the Complaints Handling Policy available on our website prior to completing this form.*

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| **SECTION 1: your details** |
| DO YOU WISH TO REMAIN ANONYMOUS? |
| [ ]  No – please provide your details below |
| NAME: | Click here to enter your name  | DATE: | Click to enter a date |
| TELEPHONE: | Click here to enter your telephone number  | EMAIL: | Click here to enter your email address |
| [ ]  Yes*Please note if you do not provide your details we will not be able to update you directly on this complaint* |
| I am a: | [ ]  Student | [ ]  Parent/carer/guardian | [ ]  Staff member | [ ]  Community Member |
| [ ]  Other – specify: | Click here to enter details |  |
| **SECTION 2: subject of the complaint (Select all that apply)** |
| [ ]  Student | [ ]  Student’s parent/carer/guardian |
| [ ]  Teacher | [ ]  Policy/procedure |
| [ ]  Principal | [ ]  Other staff member |
| [ ]  Other – specify: | Click here to enter details |
| **SECTION 3: DETAILS OF THE COMPLAINT** |
|  |
| **SECTION 4: DETAILS OF THE OUTCOME YOU ARE SEEKING** |
|  |
| **SECTION 5: HAVE YOU PREVIOUSLY MADE THIS COMPLAINT TO THE SCHOOL?** |
|  | [ ]  No | [ ]  Yes | If Yes, when? | Click here to enter the approx. date |
| Who dealt with the matter? | Click here to enter |
| What was the result? | Click here to enter |

Please email your complaint to principal@crccs.vic.edu.au, provide a paper copy to Reception or mail a paper copy to:

Mr Jamie Madigan

Catholic Regional College Caroline Springs

PO Box 3198, Caroline Springs 3023