



# Mary MacKillop College South Gippsland

## Complaint Form

<b>1 YOUR DETAILS</b>			
Family Name:	Given Name(s):		
Address:			
Contact Number:	Email:		
<b>2 YOU ARE:</b> (Please tick one)			
<input type="checkbox"/> Student	<input type="checkbox"/> Parent/caregiver	<input type="checkbox"/> Other (please specify)	
<b>3 SUBJECT OF THE COMPLAINT</b> (Please tick all relevant boxes)			
<input type="checkbox"/> School	<input type="checkbox"/> Staff Member	<input type="checkbox"/> Student	<input type="checkbox"/> Policy/Procedure
<input type="checkbox"/> Other (please specify)			
<b>4 DETAILS OF THE COMPLAINT</b>			
(Please attach additional page(s) if insufficient space and any supporting documentation)			
<b>5 DETAILS OF THE OUTCOME YOU ARE SEEKING</b>			
(Please attach additional page(s) if space is insufficient)			
<b>6 HAVE YOU PREVIOUSLY RAISED THIS CONCERN WITH A STAFF MEMBER?</b> (Please tick)			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, when?	
Who dealt with the matter?			
What was the result?			
Signature:	Date:		

School Office use: RECORDING OF OUTCOMES				
<b><i>For matters which have been resolved:</i></b>				
<b><i>Resolution options</i></b>				
<input type="checkbox"/> Self-resolution	<input type="checkbox"/> Supported self-resolution	<input type="checkbox"/> Facilitated mediation	<input type="checkbox"/> intervention	<input type="checkbox"/> Investigation
Actions undertaken:				
Outcome:				
Date matter is finalised:				
Name of staff member:	Signature:			
<b><i>For matters which need further action:</i></b>				
<b>Referred to:</b> Name:	Date:			
<b>Referred by:</b> Name:	Signature:			
Outcome:				
Name of staff member:	Signature:			