



Mary MacKillop

Catholic Regional College

Complaint Form

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

**Please return this form to Deputy Principal Wellbeing – Staff and Students
(in an envelope for confidentiality if required)**

School Office use: RECORDING OF OUTCOMES				
For matters which have been resolved:				
Resolution options				
<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:			
For matters which need further action:				
Referred to: Name:	Date:			
Referred by: Name:	Signature:			
Outcome:				
Name of staff member:	Signature:			