

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)	
□ Student □ Parent/caregiv	er 🛛 Other (please specify)
3 SUBJECT OF THE COMPLAINT (Please	tick all relevant boxes)
□ School □ Staff Member	Student Dolicy/Procedure
Other (please specify)	
4 DETAILS OF THE COMPLAINT	
	t. 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 in	nsufficient)
6 HAVE YOU PREVIOUSLY RAISED THIS	CONCERN WITH A STAFF MEMBER? (Please tick)
6 HAVE YOU PREVIOUSLY RAISED THIS No Yes	
6 HAVE YOU PREVIOUSLY RAISED THIS Image: No matter in the matte	CONCERN WITH A STAFF MEMBER? (Please tick)
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Updated September 2023, to be reviewed September 2025