

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)
6 HAVE YOU PREVIOUSLY RAISED THIS         Image: No       Image: Yes         Who dealt with the matter?         What was the result?	CONCERN WITH A STAFF MEMBER? (Please tick) If yes, when?
6 HAVE YOU PREVIOUSLY RAISED THIS         Image: No       Yes         Who dealt with the matter?         What was the result?         Signature:	CONCERN WITH A STAFF MEMBER? (Please tick) If yes, when? Date:
6 HAVE YOU PREVIOUSLY RAISED THIS No Yes Who dealt with the matter? What was the result? Signature: Please return this form to Depu	CONCERN WITH A STAFF MEMBER? (Please tick) If yes, when? Date: ty Principal Wellbeing – Staff and Students
6 HAVE YOU PREVIOUSLY RAISED THIS     No     Yes Who dealt with the matter? What was the result? Signature: Please return this form to Depu (in an envelope f	CONCERN WITH A STAFF MEMBER? (Please tick) If yes, when? Date: ty Principal Wellbeing – Staff and Students or confidentiality if required)
6 HAVE YOU PREVIOUSLY RAISED THIS     No     Yes Who dealt with the matter? What was the result? Signature: Please return this form to Depution (in an envelope for school Office use: RECORDING OF OUTCO	CONCERN WITH A STAFF MEMBER? (Please tick) If yes, when? Date: ty Principal Wellbeing – Staff and Students or confidentiality if required)
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6 HAVE YOU PREVIOUSLY RAISED THIS No Yes Who dealt with the matter? What was the result? Signature: Please return this form to Depution an envelope for an envelope for matters which have been resolved: Resolution options	CONCERN WITH A STAFF MEMBER? (Please tick) If yes, when? Date: ty Principal Wellbeing – Staff and Students or confidentiality if required) DMES
6 HAVE YOU PREVIOUSLY RAISED THIS         No       Yes         Who dealt with the matter?         What was the result?         Signature:         Please return this form to Depu (in an envelope f         School Office use:       RECORDING OF OUTCO         For matters which have been resolved:         Resolution options       Supported	CONCERN WITH A STAFF MEMBER? (Please tick) If yes, when?         Date:         Date:         ty Principal Wellbeing – Staff and Students or confidentiality if required)         DMES         Facilitated
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6 HAVE YOU PREVIOUSLY RAISED THIS         No       Yes         Who dealt with the matter?         What was the result?         Signature:         Please return this form to Depu (in an envelope f         School Office use:       RECORDING OF OUTCO         For matters which have been resolved:         Resolution options       Supported self-resolution         Actions undertaken:       Outcome:         Date matter is finalised:       Name of staff member:	CONCERN WITH A STAFF MEMBER? (Please tick)         If yes, when?         Date:         Date:         ty Principal Wellbeing – Staff and Students         or confidentiality if required)         DMES         Facilitated mediation
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6 HAVE YOU PREVIOUSLY RAISED THIS         No       Yes         Who dealt with the matter?         What was the result?         Signature:         Please return this form to Depution and envelope for an envelope for school Office use: RECORDING OF OUTCO         For matters which have been resolved:         Resolution options         Self-resolution       Supported self-resolution         Actions undertaken:       Outcome:         Date matter is finalised:       Name of staff member:         For matters which need further action:         Referred to: Name:	CONCERN WITH A STAFF MEMBER? (Please tick) If yes, when? Date: ty Principal Wellbeing – Staff and Students or confidentiality if required) DMES Facilitated mediation Investigation Signature: Date:

Updated September 2023, to be reviewed September 2025