



St Clare's Catholic High School

A Catholic school of excellence and improvement

COMPLAINT FORM

1. YOUR DETAILS

Family name:

Given name(s)

Contact details:

2. YOU ARE: (PLEASE TICK)

Student

Parent/caregiver

Staff

Other (please specify)

3. THE COMPLAINT IS ABOUT EVENTS AT: (PLEASE TICK AND GIVE DETAILS)

A school

CEO office

Specify location and address:

4. PLEASE GIVE DETAILS OF THE COMPLAINT

(Please attach additional page if space is insufficient. You may also attach further documentation if you wish.)

5. PLEASE GIVE DETAILS OF THE OUTCOME YOU ARE SEEKING

(Please attach additional page if space is insufficient.)

6. HAVE YOU PREVIOUSLY RAISED THIS CONCERN WITH A STAFF MEMBER? (PLEASE TICK)

No

Yes

If yes, when:

Who dealt with the matter?

What was the result?

7. DO YOU PROVIDE CONSENT FOR DETAILS OF THE COMPLAINT TO BE FORWARDED TO THE RESPONDENT?

Yes

No

Signature: _____

Date: _____

For complaint handler use (see assessing and referring complaints)

Office use

For matters which are resolved at intake:

Advice/Action:

Options: Self-resolution Assisted resolution Mediation Intervention Investigation
 Systems improvement

Outcome:

Date matter is finalised:

Name of complaint handler..... Signature:

For matters which need further action:

Referred for: Further assessment to Director System Performance Team Leader Employment Relations
 other

Referred to: Name:

Referred by: Name: Signature:

Date: