



Formal Complaints Form

Complainant Details

Given Name:	Family Name:
Address:	
Contact Number:	Email:

Subject of the Complaint

<input type="checkbox"/> School	<input type="checkbox"/> Staff Member	<input type="checkbox"/> Student	<input type="checkbox"/> Policy / Procedure
<input type="checkbox"/> Other (please specify)			

Details Of The Complaint

--

(Please attached additional pages if space is insufficient.)

Details Of The Outcome You Are Seeking

--

(Please attached additional pages if space is insufficient.)

Have You Previously Raised This Concern with a Staff Member?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, When?
------------------------------	-----------------------------	---------------

Who dealt with the matter?

What was the result?

Signature:	Date:
------------	-------

School Office Use: Record of Outcomes

<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 Taken to Resolve the Complaint

--

Date the matter was finalised:

Name of Staff Member:	Signature:
-----------------------	------------

St. Luke's Primary School

System Update: 1. 09. 2017

Version 0.1

Date of Next Review: 1. 09. 2020

