

FORMAL COMPLAINT FORM

Note: The information collected on this form will be used to assess, investigate and resolve the complaint. The College may provide a copy of the details of your complaint to the person/s referenced in your complaint and where necessary, to others who have information relevant to the complaint. By completing and submitting this form you consent to the College using your information for these purposes. The College is committed to protecting your privacy and records complaint information in accordance with the **Complaints Handling Policy** and other relevant policy/legislation.

SECTION A – PERSON LODGING FORMAL COMPLAINT

Name: _____

Phone: _____

Email: _____

Note: You may submit a complaint anonymously, however, where contact details are not provided, the resolution of your complaint may be limited when the College is unable to contact you for further information or to advise of outcomes.

Assistance Required: if you require assistance to participate in the complaints process, please outline the details of the assistance you require: _____

SECTION B – YOUR COMPLAINT

Have you personally taken steps to attempt to resolve the issue before proceeding to lodgement of a Formal Complaint? **Please circle:** YES / NO

If yes, please provide details and any supporting documentation: _____

Provide details of the complaint (include what happened, where and when it happened and who was involved) and attach copies of any supporting documentation that may assist the investigation of your complaint. _____

SECTION B - YOUR COMPLAINT CONTINUED:

Name and contact details (if known) of any witnesses:

What outcome/s are you seeking to resolve your complaint:

SECTION C: DECLARATION

I maintain the above is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

SECTION D: LODGING THE COMPLAINT

Please submit the completed form, marked for the attention of the Principal and/or College Leadership Team to the College:

In Person: Primary or Middle and Secondary Campus Reception

Email: papincipal@brisbanechristiancollege.com.au

Post: PO Box 177, Salisbury 4107.

SECTION E: OFFICE USE ONLY

Complaint received by: _____ Date: _____

Acknowledgement of receipt sent: Yes/No

Details of Acknowledgement: Date and Method (Phone/Email) _____

Complaint assigned to: _____

Supporting Documentation Provided by Complainant: Yes / No