

Complaint Form

Please read the Complaints Handling Policy available on our website prior to completing this form.

SECTION 1: YOUR DETAILS			
DO YOU WISH TO REMAIN ANONYMOUS?			
<input type="checkbox"/> No – please provide your details below			
NAME:	Click here to enter your name	DATE:	Click to enter a date
TELEPHONE:	Click here to enter your telephone number	EMAIL:	Click here to enter your email address
<input type="checkbox"/> Yes			
<i>Please note if you do not provide your details we will not be able to update you directly on this complaint</i>			
I am a: <input type="checkbox"/> Student <input type="checkbox"/> Parent/carer/guardian <input type="checkbox"/> Staff member <input type="checkbox"/> Community Member			
<input type="checkbox"/> Other – specify: Click here to enter details			
SECTION 2: SUBJECT OF THE COMPLAINT (SELECT ALL THAT APPLY)			
<input type="checkbox"/> Student	<input type="checkbox"/> Student's parent/carer/guardian		
<input type="checkbox"/> Teacher	<input type="checkbox"/> Policy/procedure		
<input type="checkbox"/> Principal	<input type="checkbox"/> Other staff member		
<input type="checkbox"/> Other – specify: Click here to enter details			
SECTION 3: DETAILS OF THE COMPLAINT			
SECTION 4: DETAILS OF THE OUTCOME YOU ARE SEEKING			
SECTION 5: HAVE YOU PREVIOUSLY MADE THIS COMPLAINT TO THE SCHOOL?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, when?	Click here to enter the approx. date
Who dealt with the matter?		Click here to enter	
What was the result?		Click here to enter	

Please email your complaint to principal@crcmelton.com.au, provide a paper copy to Reception or mail a paper copy to:

Mrs Marlene Jorgensen
Principal
Catholic Regional College Melton
109-141 Bulmans Road
MELTON WEST VIC 3337