

Complaint Intake 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: _____