



## COMPLAINTS AND CONCERNS FORM

<b>1. YOUR DETAILS</b>			
First Name:	Last Name:		
Address:			
Phone:	Email:		
<b>2. YOU ARE: (please tick one)</b>			
<input type="checkbox"/> Student	<input type="checkbox"/> Parent/carer	<input type="checkbox"/> Other: (specify)	
<b>3. SUBJECT OF THE COMPLAINT (please tick all relevant boxes)</b>			
<input type="checkbox"/> School	<input type="checkbox"/> Staff member	<input type="checkbox"/> Student	<input type="checkbox"/> Policy/procedure
<input type="checkbox"/> Other (please specify)			
<b>4. DETAILS OF THE COMPLAINT</b>			
(please attach additional page/s if space is insufficient. You may also attach further documentation if you wish).			
<b>5. DETAILS OF THE OUTCOME YOU ARE SEEKING</b>			
(please attach additional page/s if space is insufficient)			
<b>6. HAVE YOU PREVIOUSLY RAISED THIS CONCERN WITH A STAFF MEMBER? (please tick)</b>			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, when?	
Who dealt with the matter?			
What was the result?			
Signature:		Date:	

<b>School Office Use: RECORDING OF OUTCOMES</b>				
Is a referral to the police required? Yes/No				
Is a referral to CCYP under the Reportable Conduct Scheme required? Yes/No (if yes, indicate which category)				
<input type="checkbox"/> Sexual offence	<input type="checkbox"/> Sexual misconduct	<input type="checkbox"/> Physical violence	<input type="checkbox"/> Significant emotional/psychological harm	<input type="checkbox"/> Significant neglect
<b>For matters which have been resolved:</b>				
<input type="checkbox"/> Self-resolution	<input type="checkbox"/> Support self-resolution	<input type="checkbox"/> Facilitated mediation	<input type="checkbox"/> Intervention	<input type="checkbox"/> Investigation
Actions taken:				
Outcome:				
Date matter finalised:				
Name of staff member:		Date:		
<b>For matters which need further action:</b>				
Referred to: Name:		Date:		
Referred to: Name:		Date:		
Outcome:				
Name of staff member:		Signature:		