St Agnes Catholic High School Complaint Form



YOUR DETAILS	
Family name:	Given name(s)
Contact details:	
2. YOU ARE: (PLEASE TICK)	3. THE COMPLAINT IS ABOUT EVENTS AT:
	(PLEASE TICK AND GIVE DETAILS)
Student	□ A school □
Parent/caregiver	□ CEO office □
Staff	Specify location and address:
Other (please specify)	
4. PLEASE GIVE DETAILS OF TH	E COMPLAINT COMPLETE COMPLIENT COMPLETE COMPLETE COMPLIENT COMPLETE COMPLIENT COMPLETE CO
(Please attach additional page if spa	ice is insufficient. You may also attach further documentation if you wish.)
5. PLEASE GIVE DETAILS OF TH	E OUTCOME YOU ARE SEEKING
(Please attach additional page if spa	ice is insufficient.)
6. HAVE YOU PREVIOUSLY RAIS	ED THIS CONCERN WITH A STAFF MEMBER? (PLEASE TICK)
No 🗆	Yes
If yes, when:	
Who dealt with the matter?	
What was the result?	
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	OR DETAILS OF THE COMPLAINT TO BE FORWARDED TO THE RESPONDENT?
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