

HOLROYD NEW LIFE CHURCH SRE

Approved Provider Complaint Form

If you have a complaint about any aspect of our school services we are keen to hear from you.

Please complete this form in English and send it to your approved provider.

| General Information | |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Please select from the following. I am a/an: | |
| <input type="checkbox"/> parent | <input type="checkbox"/> student <input type="checkbox"/> member of the public <input type="checkbox"/> employee |

| 2. Personal details | | | | | |
|---------------------------|-----------------------------|------------------------------|-----------------------------|-------------------------------|--------------------------------|
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | <input type="checkbox"/> Other |
| What is your family name? | | | | | |
| What is your given name? | | | | | |

| 3. Contact details | |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| What is your current residential address? | |
| | Postcode |
| What is your mailing address? (if different to residential address) | |
| | Postcode |
| Email address | |
| Telephone number | |
| Mobile phone number | |
| Preferred contact method: | <input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Letter <input type="checkbox"/> Email |

| 4. Complaint details | |
|------------------------------------------------------|----------------------------------------------------------|
| Have you lodged a complaint about this issue before? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, when: |

| 5. Complaint summary | |
|---------------------------------------------------------|--|
| When it happened | |
| Where it happened | |
| Who was involved | |
| What happened (details of your complaint) | |
| What you would like to happen to resolve your complaint | |
| Attach any documentation that supports your complaint | |

| 6. Acknowledgement | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|--|------|--|
| All the information provided above is true and correct to the best of my knowledge. | | | |
| Signature | | Date | |
| 7. Privacy notice | | | |
| We will only use the information collected on this form to resolve your complaint and access will only be provided to authorised officers. | | | |

| 8. Office use only | | | |
|---------------------------|---------------------------------------|------------------------------------|-------------------------------------|
| Action officer | | | |
| Position | | Date | |
| Complaint lodged | <input type="checkbox"/> by telephone | <input type="checkbox"/> in person | <input type="checkbox"/> in writing |
| Notes | | | |