



# Rockhampton Catholic Education Grievance Form

## YOUR DETAILS

|               |                 |
|---------------|-----------------|
| Family name:  | Given names:    |
| Child's name: | Child's school: |
| Address:      |                 |
| Home phone:   | Work phone:     |
| Mobile:       | Email:          |

## PLEASE GIVE DETAILS OF THE COMPLAINT

(Please attach additional page if this space is insufficient. You may also attach further documentation if you wish)

## PLEASE GIVE DETAILS OF THE OUTCOME YOU ARE SEEKING

(Please attach an additional page if this space is insufficient)

## HAVE YOU PREVIOUSLY RAISED THIS CONCERN WITH A STAFF MEMBER (Please ✓)

|  |       |
|--|-------|
| <input type="radio"/> Yes <input type="radio"/> No   |       |
| If YES, in what form? <input type="radio"/> Email <input type="radio"/> Phone Call <input type="radio"/> Meeting | When: |
| Who dealt with the matter?   |       |
| What was the result?   |       |

Signature:.....

Date:.....



# For Complaint Responder Use

## Office Use

### Advice / Action *(Please tick)*

☐ Self-resolution   ☐ Assisted Self-resolution   ☐ Mediation   ☐ Intervention   ☐ Investigation   ☐ System Improvement

### Outcome:

Date Finalised:

Name of Complaint Responder:

Date:

## FOR MATTERS REQUIRING FURTHER ACTION

Referred to:

Referred by:

Signature:.....

Date:.....