



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 ✓)

Yes 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:.....