Marian College

A Kildare Education Ministries School in the Brigidine Tradition



COMPLAINT FORM

YOUR DETAILS	To lodge a complaint please fill or	ut this form and email it to complain	its@mariansw.vic.edu.au	
Family Name				
Given Name/s				
Street Address				
Suburb		Pos	tcode	
Email Address		105		
Contact Phone				
YOU ARE				
Student	Parent/carer	Staff member		
Other (please specify)				
SUBJECT OF THE COMPLAIN				
<u> </u>			—	
School	Staff member	Student	Policy/Procedure	
Other (please specify)				
DETAILS OF THE COMPLAIN	T			
DETAILS OF THE REASONABLE OUTCOME YOU ARE SEEKING				
HAVE YOU PREVIOUSLY RA	ISED THIS CONCERN WITH	A STAFF MEMBER? (PLEASE '	TICK)	
No	Yes	If Yes, when?		
Who dealt with the matter?				
What was the result?				
Signature			Date	
or Direction of			Bato	

PRIVACY NOTICE

The information provided on this form will be used by the school to follow up your complaint.

Should the information supplied be required by external authorities then the school will comply with such requests as legally obligated to do so.

OFFICE USE ONLY - RECORDING OF OUTCOMES

Please do not fill out this section

Resolution options Self-resolution Intervention Intervention Investigation Actions undertaken Outcome	Facilitated mediation
Date matter is finalised	
Name of staff member	
FOR MATTERS WHICH NEED FURTHER ACTION Referred to Date	
Referred by	
Signature	
Outcome	
Name of staff member Signature	

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