

COMPLAINTS FORM

Please complete this form to lodge a formal complaint.

We value your feedback and aim to resolve your complaint as soon as possible.

Contact Details			
Name:			
School/Company:			
Address:			
Phone:		Email:	

Details of Complaint (please include as much detail as possible/required)	
Complainant Signature:	
Date:	
Please complete the form and email to: admin@connectngrow.edu.au	

OFFICE USE ONLY			
Date Received:		Complaint Record ID:	
Accepted By:		Position:	
Action Taken:			
Resolution:			
Complainant has been notified of receipt?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complainant has been sent a written statement of actions taken?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complaint has been added to the Complaints Register?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complaint was referred to a third party for resolution?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date complaint was resolved:			
GM Signature:		Date:	

RESULT	
<input type="checkbox"/> I am satisfied with the results of this process. <input type="checkbox"/> I am not satisfied with the results of this process and wish this matter to be heard by an independent person.	
Student:	
Signature:	
Date:	
Feedback:	