

FINLEY COMMUNITY CHURCH INC.

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 and send it back to: admin@finleycommunitychurch.org

General Information

Please select from the following. I am a:

parent student teacher school staff member of the public

2. Personal details

Title Mr Mrs Miss Ms Other

What is your family name?

What is your given name/s?

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: Phone Mobile Email Letter

4. Complaint details

Have you lodged a complaint about this issue before?

Yes No

If yes, when:

5. Complaint summary

When did it happen?

Where did it happen?

Who was involved?

What happened? (details of your complaint)

What you would like to happen to resolve your complaint?

Please 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 by telephone in person in writing online form

Received date: _____ Resolution date: _____

Notes: