COMPLAINTS FORM

This form should be used when a person wishes make a complaint against the College or a member of the College community.

Please complete the Form and return it marked:
FOR THE PRIVATE ATTENTION OF
The Principal or Deputy Principal or GCCSA Board Chair
Strathalbyn Christian College
Locked Bag 5011
Strathalbyn WA 6531

You should expect to be contacted regarding this complaint within 5 working days (during school terms)

Date you are lodging this form: _____/_____/

Your details: please only provide the contact details that you are happy for our staff to use to contact you:

Family Name: ____________________________________________
Given Name/s: ____________________________________________
Address: ________________________________________________
Phone Numbers: Mobile: _____________________________ Home: _________________________
Email: ________________________________________________

Relationship with the College (please tick)

☐ Current Student  ☐ Current Parent/Guardian
☐ Former Student  ☐ Current Parent/Guardian
☐ Other (please specify) ___________________________________

If you are part of our College Community, have you (please tick)

Read the Dispute Resolution Policy?  ☐ Yes  ☐ No
Discussed the issue with those directly involved?  ☐ Yes  ☐ No

Updated: 19.01.2017 FD
Your Complaint

Please describe as clearly as possible what your complaint is about (attach additional sheets if necessary).

It may be helpful for us to know:
What happened?  Where it happened?  When it happened (include dates)?
Who did it (include names of individuals involved)?
How and when you found out about it?
Any other relevant details.

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

How would you like to see your complaint resolved?

What action would you like the College to take to resolve your complaint?

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Thank you for taking the time to explain your complaint to us. We will be in contact with you shortly to discuss the action/s being taken by our College.