



Principal: Mr Gavin Hirschhausen  
Phone: (08) 9938 9100 | Fax: (08) 9938 9188 | Enquiries: admin@scc.wa.edu.au | www.scc.wa.edu.au  
15 Cedar Crescent, Strathalbyn | Locked Bag 5011, Geraldton WA 6531

## 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

## 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.

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**How would you like to see your complaint resolved?**

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

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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.