



# 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 in English and send it to your approved provider.

<h3>1. GENERAL INFORMATION</h3> <p><b>I am a:</b></p> <p><input type="checkbox"/> parent      <input type="checkbox"/> member of the public</p> <p><input type="checkbox"/> student      <input type="checkbox"/> principal/ school staff</p>		<h3>4. COMPLAINT DETAILS</h3> <p><b>Have you lodged a complaint about this issue before?</b>      <input type="checkbox"/> yes      <input type="checkbox"/> no</p> <p><b>If yes, when?</b> <input type="text"/></p>																					
<h3>2. PERSONAL DETAILS</h3> <table border="1"> <tr> <td>TITLE</td> <td>GIVEN NAME</td> <td>FAMILY NAME</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		TITLE	GIVEN NAME	FAMILY NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<h3>5. COMPLAINT SUMMARY</h3> <table border="1"> <tr> <td>DATE OF INCIDENT</td> <td>TIME OF INCIDENT</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="2">LOCATION OF INCIDENT</td> </tr> <tr> <td colspan="2"><input type="text"/></td> </tr> <tr> <td colspan="2">WHO WAS INVOLVED</td> </tr> <tr> <td colspan="2"><input type="text"/></td> </tr> <tr> <td colspan="2"><input type="text"/></td> </tr> </table>		DATE OF INCIDENT	TIME OF INCIDENT	<input type="text"/>	<input type="text"/>	LOCATION OF INCIDENT		<input type="text"/>		WHO WAS INVOLVED		<input type="text"/>		<input type="text"/>	
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<h3>3. CONTACT DETAILS</h3> <p>RESIDENTIAL ADDRESS</p> <p><input type="text"/></p> <table border="1"> <tr> <td>SUBURB</td> <td>POSTCODE</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>MAILING ADDRESS <i>(if different to residential)</i></p> <p><input type="text"/></p> <table border="1"> <tr> <td>SUBURB</td> <td>POSTCODE</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>EMAIL ADDRESS</p> <p><input type="text"/></p> <table border="1"> <tr> <td>PHONE NO.</td> <td>MOBILE NO.</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p><b>Preferred method of contact</b></p> <p><input type="checkbox"/> phone    <input type="checkbox"/> mobile    <input type="checkbox"/> email    <input type="checkbox"/> letter</p>		SUBURB	POSTCODE	<input type="text"/>	<input type="text"/>	SUBURB	POSTCODE	<input type="text"/>	<input type="text"/>	PHONE NO.	MOBILE NO.	<input type="text"/>	<input type="text"/>										
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**What happened? (details of your complaint)**

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**What you would like to happen to resolve your complaint?**

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**PLEASE ATTACH ANY ADDITIONAL 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. SUBMISSION**

**Email:** asante.viswasam@dow.org.au

**Fax:** (02) 4222 2419

**Phone:** (02) 4222 2405

**For non-urgent matters only:**

**Mail:**

Asante Viswasam

PO BOX 1239, Wollongong, NSW 2500

**For urgent matters please phone the above number or for criminal concerns, please contact the police.**

**8. 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.

**OFFICE USE ONLY**

ACTION OFFICER

POSITION

DATE

**Complaint lodged**  by phone  in person  in writing

**Notes**

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