

ZENON CULTURAL CENTRE INC

Complaints Form

This Complaints Form can be completed by Parents/Carers, Community, Staff or Students.

If a mutually agreed resolution cannot be reached or the complainant feels uncomfortable raising the complaint directly with the school, they can escalate the complaint to the CLV office for resolution using this Complaints Form.

PERSONAL DETAILS (OF COMPLAINANT):

| | | |
|-----------------|-------------|--------------|
| Title: | First name: | Family name: |
| Street Address: | | |
| Suburb: | Postcode: | |
| Telephone: B/H | Mobile: | |

| |
|--------|
| Email: |
|--------|

STUDENT DETAILS (IF COMPLAINT IS ABOUT A STUDENT):

| | | | |
|--------------|----------------------|-------------------------------|---------------------------------|
| First name: | Family name: | | |
| Year level: | Gender (please tick) | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| School Name: | | | |

WHO HAVE YOU CONTACTED PREVIOUSLY ABOUT YOUR COMPLAINT? (please indicate below)

| | | | |
|---|--------------------------------------|---|-------------------------------------|
| Class teacher: <input type="checkbox"/> | Year Level: <input type="checkbox"/> | Assistant Principal: <input type="checkbox"/> | Principal: <input type="checkbox"/> |
| Language: | | | |

COMMUNITY LANGUAGE SCHOOL DETAILS:

| | |
|---------------------------------|---------|
| School Name: | Campus: |
| Principal Name: | |
| Teacher's Name (if applicable): | |
| Telephone: B/H | Mobile: |

THIS COMPLAINT IS RELATED TO *(tick relevant box/es):*

- The administration or management staff member of the school
- A classroom teacher
- A staff member other than the child's teacher at the school
- Other (please specify): _____

HAVE YOU TAKEN THE CORRECT STEPS IN RESOLVING THE ISSUE BEFORE LODGING THIS FORM? *(tick relevant box/es and provide details in spaces provided below)*

Class Teacher

- Yes
- No

Principal

- Yes
- No

Assistant Principal

- Yes
- No

DETAILS OF THE MEETINGS *(Attach additional information as required):*

| |
|--|
| Date/s of meeting/s with Class Teacher: |
| Outcome of meeting/s: |
| Date/s of meeting/s with Principal or Assistant Principal: |
| Outcome of meeting/s: |

