## Intake Form
For Complaints

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time: am/pm</th>
<th>☐ phone call</th>
<th>☐ email</th>
<th>☐ fax</th>
<th>☐ letter</th>
</tr>
</thead>
</table>

Name of person making contact: ________________
Phone: ________________

Name of person receiving complaint: ________________
Phone: ________________

### This complaint concerns:
- ☐ Student (name/year)
- ☐ Staff member (name)
- ☐ other (please specify)

### Place:
- ☐ classroom
- ☐ playground
- ☐ buses
- ☐ other (please specify)

Place: ________________

### Nature of complaint:
- ☐ Teaching/Learning
- ☐ Bullying/harassment
- ☐ * illegal substance
- ☐ * illegal weapon
- ☐ general behaviour
- ☐ other (please specify)

Nature of complaint: ________________

- ☐ * Child Protection
- ☐ * physical assault
- ☐ * sexual assault/misconduct

* report immediately to Principal

### Person receiving complaint: please forward a copy of this form to Principal's Secretary at this stage.

- ☐ Teaching/Learning Coord name: ________________
- ☐ REC name: ________________
- ☐ Counsellor name: ________________
- ☐ Ass Prin name: ________________
- ☐ Admin Coordinator name: ________________
- ☐ Principal name: ________________
- ☐ Year Coordinator name: ________________
- ☐ Other name: ________________

### Additional information/comments:


### Action:

☐ Child Protection matter reportable to DOCS Helpline/Police

☐ Child Protection matter managed under Ombudsman’s Act 1974-advise CEO-use protocol 8 (a) (b) or (c)

Managed by: ☐ Principal ☐ Admin Coord ☐ Counsellor ☐ Teaching/Learning Coord ☐ Other specify :

☐ No action required.

Signature: ________________ Date: ________________

When action completed please forward second copy to Principal’s Secretary for filing.

Assistant Principal’s/Principal’s comments: