

Intake Form For Complaints

Confidential

Date:	Time:	am/pm	<input type="checkbox"/> phone call	<input type="checkbox"/> email	<input type="checkbox"/> fax	<input type="checkbox"/> letter
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

behaviour on way to/from school.

sport

excursion

other
(please specify)

Nature of complaint:

Teaching/Learning
stipulate area:

Bullying/harassment

* illegal substance

* illegal weapon

general behaviour

other
(please specify)

* *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.

Referred to:

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: