Catholic Schools Complaints form

DIOCESE OF MAITLAND-NEWCASTLE

First Name	Surname	
Email	Phone	
Postal Address		
Are you a		
Student		
Parent/ caregiver or Guardian		
Staff Member of the CSO:		
Member of General Public		
Wielflad at General Fabile		
Othor		
Other		
Are you making this compla	aint on behalf of someone else?	
Are you making this compla	eive information from you, but may not be able to progress to	he
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	If you are not a student, please provide	e student details?
	Full Name	D.O.B
	At which location did the events leadin	g up to this complaint take place?
1	What steps have you taken to resolve t	this complaint (refer to Parent/Carer
	Complaints Resolution Procedure)?	·
	Please provide the name of the staff member spe	oken to
)	Please give details of the complaint	
		about. We need to know what you say happened, where
	nappened and who was involved. Please give L	us all dates and other details you can remember.
)	What is the outcome you are seeking?	Please select the option closest to your reques
	Note: Please be aware that the outcome you se	eek may not be the outcome that is achieved.
	A to	
	A review of a decision	Ceasing activity complained about
	A review to a policy and/or procedure A review to individual fee arrangements	Disciplinary action against staff Disciplinary action against student
	An apology	Specific action requested in complaint
	ATTAPOTOGY	ODECHIC ACTOUT FOUCSTOU III COITIDIAITE
	An explanation	
	An explanation	
	·	this form and email to parent.liaison@mn.catholic.edu.au
	Please attach any other relevant documentation with	
	·	