**Richmond christian college COMPLAINT FORM** 

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| **YOUR DETAILS**  |
| Family name  | Given name(s)  |
| Address  |
| Contact number  |
| Email |
| **PLEASE GIVE DETAILS OF THE COMPLAINT**  |
| (Attach additional page and/or further documentation if you wish)  |
| **PLEASE GIVE DETAILS OF THE OUTCOME YOU ARE SEEKING**  |
| (Attach additional page if space is insufficient) |
| **HAVE YOU PREVIOUSLY RAISED THIS CONCERN WITH A STAFF MEMBER? (TICK)**  |
| No  | Yes  |
| *If yes, when:*  |
| Who dealt with the matter?  |
| What was the result?  |

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| **Office Use Only** |
| Date received: | Level: 1 🞎 2 🞎 3 🞎 |
| Reported to: | Acknowledgement: / / |
| Outcome: Upheld/Dismissed/Unresolved | Decision communicated: / / |