Complaint Form for Initial Point of Contact

MELBOURNE ARCHDIOCESE CATHOLIC SCHOOLS

Complainant contact details

Name:

Address:

Telephone:

Email:

Complainant category

☐ Parent/guardian/carer   ☐ Staff member/volunteer   ☐ Family member/relative

☐ Student   ☐ Other

Complaint details

Name of school:

Type of complaint:

Brief description of the issue:

Has the complainant attempted to resolve the issue at the school?

Confirm if the matter is to be lodged as a complaint:

*Refer the complainant to the MACS website www.macs.vic.edu.au/Contact-Us/Complaints.aspx (if appropriate) where parents/guardians/carers can lodge a complaint via RESOLVE **OR** advise the complainant that the matter will be referred to the relevant Regional General Manager.*

Action:

☐ Referral to MACS website (Contact Us/Complaints) to lodge complaint online via RESOLVE

☐ Referral to Regional General Manager

☐ Other _____

Name of staff member:

Date: