



Complaints/ Grievances Form

Please complete this form in detail as it will help us gather as much information as possible about the issue.

Your details:

First Name:	Last Name:
Relationship with Mt Hira College (e.g. parent, staff, student, community member)	
Your address:	
Contact details:	
Phone (home):	
Phone (work):	
Mobile:	
Email:	

Details of the Concern, Grievance or Complaint:

Please include all information you can e.g. dates, events, witnesses. Please add extra pages or documentation you believe may be relevant.

Have you taken any action to resolve the issue yourself? Yes No

If Yes, please include details below (e.g. who you have spoken to, what you said, what was done etc.)

What action do you believe is needed now to resolve the issue?

Your signature: _____ Date: _____

College Use Only:

Date form received: _____ Received by: _____

Date acknowledged sent: _____ Sent by: _____

Outcome:

By: _____ Date: _____