## Complaint Form for Initial Point of Contact





## **Complainant contact details**

Name:		
Address:		
Telephone:		
Email:		
Complainant category		
□Parent/guardian/carer □Student	□Staff member/volunteer □Other	□Family member/relative
Complaint details		
Name of school:		
Type of complaint:		
Brief description of the issue:		
Has the complainant attempt	ed to resolve the issue at the scho	pol?
Confirm if the matter is to be	lodged as a complaint:	
(if appropriate) where parents	MACS website <u>www.macs.vic.edu.a</u> s/guardians/carers can lodge a con will be referred to the relevant Regi	nplaint via RESOLVE <b>OR</b> advise the
Action:		
☐Referral to MACS website (C	Contact Us/Complaints) to lodge co	mplaint online via RESOLVE
☐Referral to Regional General	Manager	
□Other		
Name of staff member:		
Date:		

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