



# Lodgement of Complaint Form

## 1. YOUR DETAILS

Family Name

Given Name(s):

Address

Contact number

Email:

## 2. YOU ARE: (PLEASE TICK)

Parish SRE Coordinator

SRE Teacher or Assistant

Parent

Other (please specify)

## 3. THE COMPLAINT IS ABOUT EVENTS AT: (PLEASE TICK AND GIVE DETAILS)

A school

Name of School:

Specify location and address:

## 4. PLEASE GIVE DETAILS OF THE COMPLAINT

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(Please attach additional page if space is insufficient. You may also attach further documentation if you wish.)

## 5. PLEASE GIVE DETAILS OF THE OUTCOME YOU ARE SEEKING

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(Please attach additional page if space is insufficient.)

## 6. HAVE YOU PREVIOUSLY RAISED THIS CONCERN WITH A STAFF MEMBER? (PLEASE TICK)

No

Yes

If yes, when:

Who dealt with the matter?

What was the result?

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

You may call the Chancery Office on 6771 8700 to discuss; or email the completed form to: [ccd@armidale.catholic.com.au](mailto:ccd@armidale.catholic.com.au)