

Harvest Church Central Coast

Approved Provider Complaint Form

If you have a complaint about any aspect of our school services we are keen to hear from you.

Please complete this form in English and send it to your approved provider.

General Information	
Please select from the following. I am a/an:	
<input type="checkbox"/> parent <input type="checkbox"/> student <input type="checkbox"/> member of the public <input type="checkbox"/> employee	

2. Personal details					
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other
What is your family name?					
What is your given name?					

3. Contact details	
What is your current residential address?	
	Postcode
What is your mailing address? (if different to residential address)	
	Postcode
Email address	
Telephone number	
Mobile phone number	
Preferred contact method:	<input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Letter <input type="checkbox"/> Email

4. Complaint details	
Have you lodged a complaint about this issue before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, when:

5. Complaint summary	
When it happened	
Where it happened	
Who was involved	
What happened (details of your complaint)	
What you would like to happen to resolve your complaint	
Attach any documentation that supports your complaint	

6. Acknowledgement			
All the information provided above is true and correct to the best of my knowledge.			
Signature		Date	
7. Privacy notice			
We will only use the information collected on this form to resolve your complaint and access will only be provided to authorised officers.			

8. Office use only			
Action officer			
Position		Date	
Complaint lodged	<input type="checkbox"/> by telephone	<input type="checkbox"/> in person	<input type="checkbox"/> in writing
Notes			