



The Saiva Manram, 217 Great Western Highway, Mays Hill , NSW 2145 Australia  
 Telephone. 02 96871695

**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.

<b>General Information</b>			
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

<b>2. Personal details</b>					
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?					

<b>3. Contact details</b>				
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

<b>4. Complaint details</b>	
Have you lodged a	<input type="checkbox"/> Yes <input type="checkbox"/> No

complaint about this issue before?	If yes, when:
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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	

