**The Serbian Orthodox Metropolitanate of Australia and New Zealand**

**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.

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| **General Information** |
| Please select from the following. I am a/an: |
| 󠄀 parent 󠄀󠄀 student 󠄀󠄀 member of the public 󠄀󠄀 employee |

|  |
| --- |
| **2. Personal details** |
| Title | [ ]  Mr | [ ]  Mrs | [ ]  Ms | [ ]  Miss | [ ]  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: | [ ]  Phone | [ ]  Mobile | [ ]  Letter | [ ]  Email |
|  |
| **4. Complaint details** |
| Have you lodged a complaint about this issue before? | [ ]  Yes | [ ]  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 | [ ]  by telephone | [ ]  in person | [ ]  in writing |
| Notes |