Rec 023 **LIBERTY BAPTIST CHURCH**

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:
☐ 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				