



Formal Complaints Form

Please note: By submitting a formal complaint you acknowledge that it must be formally investigated.
Shearwater, the Mullumbimby Steiner School does not guarantee your anonymity, and is under no obligation to disclose the details of the outcome.

Date Complaint Made	
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Personal Details

Name of Complainant (Person making the complaint)	
Phone Number	
Email address	
Relationship of Complainant to School (Please tick one)	Employee Student Parent Contractor / Volunteer Member of the community Other _____

Details of Complaint

Please provide details of the incident/s involved, including the date/s, time/s and location/s of the incident/s, the names of any witnesses, the circumstances that led to the incident/s and any other relevant factors which may have exacerbated the situation. Please attach a separate sheet if needed.

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What previous steps have you taken to resolve the matter?

What outcome are you seeking?

Please describe briefly what outcome you would like to try to resolve your complaint.

Signature of Complainant

Please hand or post this form to: Shearwater, the Mullumbimby Steiner School, marked 'Confidential' – HR Manager, Shearwater, the Mullumbimby Steiner School, PO Box 839, Mullumbimby, NSW, 2482.

For Office Use Only

Date received by HR Manager :