**Rec 023 HCALogoThumb.jpg Hindu Council of Australia**

**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 | | | | | | | | | | | | | | | | | | | |