



# Covenant Christian School

## Complaint Form

YOUR DETAILS	
Family name	Given name(s)
Address	
Contact number	
Email	
PLEASE GIVE DETAILS OF THE COMPLAINT	
(Attach additional page and/or further documentation if you wish.)	
PLEASE GIVE DETAILS OF THE OUTCOME YOU ARE SEEKING	
(Attach additional page if space is insufficient.)	
HAVE YOU PREVIOUSLY RAISED THIS CONCERN WITH A STAFF MEMBER? (TICK)	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
<i>If yes, when:</i>	
Who dealt with the matter?	
What was the result?	
<i>If no, why not?</i>	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form addressed to the Business Manager**

Office use only	
Received By:.....	Date:.....
Referred to:.....	Date:.....
Date matter is finalised:.....	
Name:.....	Signature: .....
File Reference: .....	