Fresh Hope

Churches of Christ in NSW and the ACT

Level 1 / 3 Rider Boulevard

PO BOX 3561

RHODES NSW 2138

office@freshhope.org.au

**SRE 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? | Click or tap here to enter text. | | | | | | | | |
| What is your given name? | Click or tap here to enter text. | | | | | | | | |
|  | | | | | | | | | |
| **3. Contact details** | | | | | | | | | |
| What is your current residential address? | How much can I type in this box before the text starts to wrap and then we will see | | | | | | | | |
| Click or tap here to enter text. | | | | | | Postcode: Click or tap here to enter text. | | |
| What is your mailing address? (if different to residential address) | Click or tap here to enter text. | | | | | | | | |
| Click or tap here to enter text. | | | | | | Postcode: Click or tap here to enter text. | | |
| Email address | Click or tap here to enter text. | | | | | | | | |
| Telephone number | Click or tap here to enter text. | | | | | | | | |
| Mobile phone number | Click or tap here to enter text. | | | | | | | | |
| Preferred contact method: | Phone | | Mobile | | Letter | | | Email | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. Complaint details** | | | | | | | | | |
| Have you lodged a complaint about this issue before? | | | Yes | | No | | | | |
| If yes, when:  Click or tap here to enter text. | | | | | | |
|  | | | | | | | | | |
| **5. Complaint summary** | | | | | | | | | |
| When it happened | | Click or tap here to enter text. | | | | | | | |
| Where it happened | | Click or tap here to enter text. | | | | | | | |
| Who was involved | | Click or tap here to enter text. | | | | | | | |
| 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 | Click or tap here to enter text. | | | | | | Date | | Click or tap here to enter text. |
| **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 | | Click or tap here to enter text. | | | | | | | |
| Position | | Click or tap here to enter text. | | | | Date | | Click or tap here to enter text. | |
| Complaint lodged | | by telephone | | in person | | | in writing | | |
| Notes | | | | | | | | | |