



CADELL PRIMARY SCHOOL Complaint Receipt and Documentation

(COMPLAINTS/ALLEGATIONS AGAINST A PERSON/S)

Time and Date Received: _____ Term: _____ Week: _____

Record taken by: Name: _____ Role: _____

Signature: _____ Acknowledge Receipt (5 Days): (Please circle)

COMPLAINANT DETAILS

Name: _____ Contact Phone Number: _____

Student: _____ Year Level: _____ Class: _____ DOB: _____

GOM ATSI NESB SWD: level/details _____

CONFIDENTIALITY DETAILS

Did recorder ask complainant if he/she wanted confidentiality? YES NO

Did complainant request name be withheld? YES NO

Did complainant request details be withheld? YES NO

Did recorder say, "I will respect confidentiality subject to any contrary Legal requirements?" YES NO

NATURE OF COMPLAINT

What happened or what is the problem? When did it happen? Who was involved? Where did it happen? Why did it happen? Did anyone see? How does it affect the parent/student/other? What evidence do they have to support their complaint? How can the problem be resolved?

ACTION ALREADY TAKEN BY COMPLAINANT TO RESOLVE THE ISSUE

Whom have they already spoken to? Why did this not solve the complaint? What resolution would they like to see happen?

ACTION TAKEN

Is support required? Details of support contacts. Discussion with other staff / agencies

Mandatory Notification required (CARL 131 478) YES NO
Critical Incident Report required YES NO
ED155 required YES NO
Regional Office Staff support required (ISBC, Regional Director) YES NO

WHICH CPS / DECD POLICY DOES THIS RELATE TO

Anti-Bullying ICT Agreement Other _____

OUTCOME

Outcome Notification (15 Days): (Please circle) Date of Notification: _____

COPY TO PRINCIPAL:

Date Received: _____