COMPLAINTS FORM							
Please complete this form to lodge a formal complaint.							
We value your feedback and aim to resolve your complaint as soon as possible.							
Contact Details							
Name:		School/Company:					
Address:							
Phone:		Email:					

Details of Complaint (please include as much detail as possible/required)				
Complainant Signature:				
Date:				
Please complete the form and email to: admin@connectngrow.edu.au				

OFFICE USE ONLY								
Date Received:	Co	mplaint R	Record ID:					
Accepted By:	Po	sition:						
Action Taken:								
Resolution:								
Complainant has bee	☐ Yes	□ No						
Complainant has bee	☐ Yes	□ No						
Complaint has been added to the Complaints Register?				☐ Yes	□ No			
Complaint was referred to a third party for resolution?				☐ Yes	□ No			
Date complaint was resolved:								
GM Signature:			Date:					