

COMPLAINTS / GRIEVANCE FORM

We appreciate your point of view and welcome your input. If you have a complaint, grievance, or suggestion about any aspect of our Service, we request that you provide this in writing addressed to the Approved Provider or emailed to Karmel.finch159@schools.sa.edu.au

Please refer to our *Dealing with Complaints Policy* and related procedures for further information.

Contact Name		Child/s Name	
Email Address			
Contact Phone Number		Best time to call	

Complaint / Grievance/ Suggestion details [Please provide specific details of your complaint, grievance, or suggestion. What is the complaint about? - an action or decision of an educator/staff member; the health, safety or wellbeing of your child/ren; the Service's response to an incident? Describe what happened and when the matter occurred. Mention any steps that have been taken to resolve the problem. Attach an extra page if required.]

Have you raised this matter with anyone before? Yes/ No What was the outcome from your discussion?

What is the result you are seeking? [apology, feedback/explanation, additional information, review or change of policy or decision]

Parent Signature		Date	
------------------	--	------	--

Confidentiality

Your personal information will remain confidential and only disclosed as permitted under relevant privacy laws. If the information you have provided is related to a serious incident or matter of fraud, the Approved Provider will be provided to the Regulatory Authority and other Government agencies if required.