



Islamic Special Religious Education

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	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other
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What is your family name?

What is your given name?

3. Contact details

What is your current residential address?

Postcode

What is your mailing address? (if different to residential address)

Postcode

Email address

Telephone number

Mobile phone number

Preferred contact method:

Phone

Mobile

Letter

Email

4. Complaint details

Have you lodged a complaint about this issue before?

Yes

No

If yes, when:

5. Complaint summary	
When it happened	
Where it happened	
Who was involved	
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	Date
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			
Position		Date	
Complaint lodged	<input type="checkbox"/> by telephone	<input type="checkbox"/> in person	<input type="checkbox"/> in writing
Notes			