**Catholic Education – Diocese of Rockhampton**

Grievance Form

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| **YOUR DETAILS** |
| Family name: | Click or tap here to enter text. | Given names:  | Click or tap here to enter text. |
| Child’s name | Click or tap here to enter text. | Child’s school:  | Click or tap here to enter text. |
| Address:  | Click or tap here to enter text. |
| Home phone: | Click or tap here to enter text. | Work phone:  | Click or tap here to enter text. |
| Mobile:  | Click or tap here to enter text. | Email:  | Click or tap here to enter text. |

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| **PLEASE PROVIDE DETAILS OF THE COMPLAINT** |
| Click or tap here to enter text. |

(You may also attach further documentation if you wish)

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| **PLEASE GIVE DETAILS OF THE OUTCOME YOU ARE SEEKING** |
| Click or tap here to enter text. |

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| **HAVE YOU PREVIOUSLY RAISED THIS CONCERN WITH A STAFF MEMBER (please ✓)** |
| [ ]  Yes [ ]  No |
| IF YES, in what form? [ ]  Email [ ]  Phone Call [ ]  Meeting | When: Click or tap to enter a date. |
| Who dealt with the matter? | Click or tap here to enter text. |
| What was the result?Click or tap here to enter text. |

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| Signature:  |  | Date:  | Click or tap to enter a date. |

**For Grievance Manager Use**

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| **Office Use**  |
| **Advice / Action** *(Please tick)*[ ] Self-resolution [ ] Assisted Self-resolution [ ] Mediation [ ] Intervention [ ] Investigation [ ] System Improvement Click or tap here to enter text. |
| **Outcome:** Click or tap here to enter text. |
| Date Finalised: Click or tap to enter a date. |
| Name of Grievance Manager:  | Click or tap here to enter text. | Date:  | Click or tap to enter a date. |

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| **FOR MATTERS REQUIRING FURTHER ACTION** |
| Referred to:  | Click or tap here to enter text. |
| Referred by:  | Click or tap here to enter text. |

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| Signature:  |  | Date:  | Click or tap to enter a date. |