**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. |