

Beaudesert State High School: 30226

Complaints and appeals record form

Section 1: Your details

Date:

Title Mr Mrs Ms Other (specify) _____

Family name:

Given names:

Postal address:

Post code:

Phone: (w): (h):

Email:

Section 2: Complaint details

Subject/qualification of study:

You are: Making a complaint Making an appeal

Please provide a detailed explanation of the complaint or appeal below:

Section 3: Authorisation

Privacy Notice:

The information provided on this form will be used to follow up your complaint or appeal. The information may be provided to staff or external bodies who are in a position to remedy your complaint or appeal. The information will be stored securely and you may access or correct any personal information provided at any time by contacting the person to whom you submit this form.

Declaration: I confirm that all the information provided above is true and correct.

Signature: _____

Name (print) _____

-----*Office use only*-----

Date received: Received by(print name clearly) -

Register Number :