# Complaint form

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| Complainant’s Contact Details |
| Full Name: |  |
| Contact phone: |  |
| Contact email: |  |
| Complainant’s Category |
| [ ]  Parent [ ]  Family member [ ]  Educator [ ]  Staff member [ ]  Person with management or control |
| [ ]  Other |  |  |  |  |  |  |
| Complaint Details |
| Describe your complaint (include the following)* describe the incident and/or your concerns
* include key dates and times, such as when the incident occurred
* if known, include the names of Departmental offices involved
* details of any telephone conversations or emails
* any other information that you think is relevant to your complaint.
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| What action would you like to see as a result of your complaint? |
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|  |
| Date Submitted: |  |  |  |
| If your complaint cannot be resolved at your regional office, please complete the Complaint Form and send it to quality.assessment.regulation@education.vic.gov.au together with supporting documents, or telephone (03) 9651 3582.  |