

Quality Assessment and Regulation Division

Complaint form

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.

What action would you like to see as a result of your complaint?

Date Submitted: