



**churches  
of Christ**  
in NSW & ACT

*Unity. Restoration. Life.*

churches of Christ in NSW & ACT  
Level 3, Building B, 1 Homebush Bay Drive  
PO BOX 3561  
RHODES NSW 2138  
[hello@ccnswact.org.au](mailto:hello@ccnswact.org.au)

## SRE Approved Provider Complaint Form

If you have a complaint about any aspect of our school services we are keen to hear from you.

Please complete this form in English and send it to your approved provider.

General Information	
Please select from the following. I am a/an:	
<input type="checkbox"/> parent	<input type="checkbox"/> student <input type="checkbox"/> member of the public <input type="checkbox"/> employee

2. Personal details	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other
What is your family name?	Click or tap here to enter text.
What is your given name?	Click or tap here to enter text.

3. Contact details	
What is your current residential address?	How much can I type in this box before the text starts to wrap and then we will see
	Click or tap here to enter text. <span style="float: right;">Postcode: Click or tap here to enter text.</span>
What is your mailing address? (if different to residential address)	Click or tap here to enter text.
	Click or tap here to enter text. <span style="float: right;">Postcode: Click or tap here to enter text.</span>
Email address	Click or tap here to enter text.
Telephone number	Click or tap here to enter text.
Mobile phone number	Click or tap here to enter text.
Preferred contact method:	<input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Letter <input type="checkbox"/> Email

#### 4. Complaint details

Have you lodged a complaint about this issue before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, when: Click or tap here to enter text.	

#### 5. Complaint summary

When it happened	Click or tap here to enter text.
Where it happened	Click or tap here to enter text.
Who was involved	Click or tap here to enter text.
What happened (details of your complaint)	
What you would like to happen to resolve your complaint	
Attach any documentation that supports your complaint	

#### 6. Acknowledgement

All the information provided above is true and correct to the best of my knowledge.

Signature	Click or tap here to enter text.	Date	Click or tap here to enter text.
-----------	----------------------------------	------	----------------------------------

#### 7. Privacy notice

We will only use the information collected on this form to resolve your complaint and access will only be provided to authorised officers.

#### 8. Office use only

Action officer	Click or tap here to enter text.		
Position	Click or tap here to enter text.	Date	Click or tap here to enter text.
Complaint lodged	<input type="checkbox"/> by telephone	<input type="checkbox"/> in person	<input type="checkbox"/> in writing
Notes			

