

Ernest Bevin College Complaint Form



CONFIDENTIAL

Please complete and return to **Patrick Sullivan (Assistant Principal)** who will acknowledge receipt and explain what action will be taken.

Your name: _____

Address: _____

Postcode: _____

Day time telephone number: _____

Evening telephone number: _____

If you are the parent of a student who attends the College, please provide the

Student's name: _____

Your relationship to the Student, if applicable: _____

Please give details of your complaint.

What action, if any, have you already taken to resolve your complaint.
(Who did you speak to and what was the response)?

