

International Student - Formal Complaint form

Please complete section 1 and 2 of this form and email to headmaster@brightongrammar.vic.edu.au.

If required, a meeting with the Headmaster will be scheduled within 10 days of lodgement of the complaint. The full review process will take no more than 20 days to resolve.

If you are not satisfied with the process or outcome please refer to our Complaints and Appeals policy for further action.

Please note: If you are concerned for your safety while this complaint is being managed please contact the International Liaison Officer or School Counsellor for further support.

SECTION 1 – Student Details (Student to complete)			
Student Name		Year Level	
Student email			
Head of House			
Tutor Group			
Support person for face to face meetings (if required)			

SECTION 2 – Complaint/Concern (Student to complete)	
Date of Complaint	
Type of Complaint	<input type="checkbox"/> Teaching and Learning <input type="checkbox"/> Co-Curricular (sport, camp, excursion) <input type="checkbox"/> Personal (Teacher, student) <input type="checkbox"/> Homestay/Accommodation <input type="checkbox"/> Other _____ _____
Further Details regarding the complaint (please be specific)	

<p>Have you tried to resolve this complaint informally? If so who did you seek help from and what was the outcome?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Informal outcome and assistance</p>
<p>Do you have any supporting evidence to support this complaint?</p>	<p><input type="checkbox"/> Yes (please submit with this form) <input type="checkbox"/> No</p>
<p>What effect has this event or action had on you?</p>	

SECTION 3 – Outcome (to be completed by the Headmaster or delegated authority in consultation with the complainant)	
<p>Date of discussions with Headmaster/delegated authority</p>	
<p>Response from other staff assisting with the complaint</p>	
<p>Further analysis of the matter</p>	
<p>Actions suggested and discussed</p>	

SECTION 4 – Review (to be completed by the Headmaster or delegated authority in consultation with the complainant)

Time taken to review the complaint	
Actions agreed upon and implemented	
Complainant satisfied with the outcome	<input type="checkbox"/> Yes <input type="checkbox"/> No
Escalated to external party	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow up review required	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date_____

SECTION 5 – Acknowledgement

Headmaster	
Complainant	
Date	