## Australian Hindu Association

## 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: |
| ☐ parent ☐ student ☐ member of the public ☐ employee |

| **2. Personal details** | | | | | |
|---|---|---|---|---|---|
| Title | ☐ Mr | ☐ Mrs | ☐ Ms | ☐ Miss | ☐ Other |
| What is your family name? | | | | | |
| What is your given name? | | | | | |

| **3. Contact details** | | | | |
|---|---|---|---|---|
| What is your current residential address? | | | | |
| | | | | Postcode |
| What is your mailing address? (if different to residential address) | | | | |
| | | | | Postcode |
| Email address | | | | |
| Telephone number | | | | |
| Mobile phone number | | | | |
| Preferred contact method: | ☐ Phone | ☐ Mobile | ☐ Letter | ☐ Email |

| **4. Complaint details** | | |
|---|---|---|
| Have you lodged a complaint about this issue before? | ☐ Yes | ☐ No |
| | If yes, when: | |

| | |
|---|---|
| | |

| **5. Complaint summary** | |
|---|---|
| When it happened | |
| Where it happened | |
| Who was involved | |
| 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 | | Date | |
| **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 | | | |
| Position | | Date | |
| Complaint lodged | ☐ by telephone | ☐ in person | ☐ in writing |
| Notes | | | |