**Complaints Form**

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| **Contact Details** | |
| Name: |  |
| Address: |  |
| Email: |  |
| Phone: |  |

|  |  |
| --- | --- |
| **Complainant**  Please tick | |
| Parent/Carer |  |
| Family Member |  |
| Staff Member |  |
| Other |  |

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| **Complaint**  Describe your complaint and include the following:  ● describe the situation and/or your concerns  ●include key dates and times, such as when the incident occurred  ●if known, include the names  ●details of any telephone conversations or emails  ●any other information that you think is relevant to your complaint  Attach extra pages as required including copies of supporting documents relevant to your complaint. |
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| **What action would you like to see, as a result, of your complaint?** |
|  |
| **What actions have already been taken?** |
|  |

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| --- | --- |
| **Signature:** | **Date:** |
|  |  |

Please provide this form to:

1. Coordinator or Director at the service Or/
2. Senior Manager at the Toowoomba Catholic Kindergartens and Care office

● email - [enquires@tckc.qld.edu.au](mailto:enquires@tckc.qld.edu.au)

●written letter – Toowoomba Catholic Kindergarten and Care. 29 to 33 Lawrence Street, Toowoomba, Qld, 4350.

● phone – Mobile: 0429 449 772

● or online – Website: [www.tckc.qld.edu.au](http://www.tckc.qld.edu.au)