**Complaints Form**

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

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| **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 complaintAttach 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

●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)