



Confraternity of
Christian Doctrine

COMPLAINT FORM

Diocese of Lismore CCD

To be completed and returned to the Diocese of Lismore CCD Office

Anna O'Dwyer

Diocese of Lismore SRE 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 ccd@lism.catholic.edu.au

General Information	
Please select from the following. This is a:	
complaint	suggestion
Please select from the following. I am a/an:	
parent	student the public employee

2. Personal details					
Title	Mr	Mrs	Ms	Miss	Other
What is your family name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your given name?					

3. Contact details				
What is your current residential address?				Postcode
				Postcode
What is your mailing address? (if different to residential address)				Postcode
				Postcode
Email address				
Telephone number				
Mobile phone number				
Preferred contact method:	Phone	Mobile	Letter	Email
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Complaint details	
Have you lodged a complaint about this issue before?	Yes No
	If yes, when: <input type="checkbox"/>

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			