



**Buddhist Council of NSW**

*Working for the Buddhist Community*

## 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**

*working for the Buddhist Community*

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	
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**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				