54-56 Norris Road
Mackay Queensland 4740
Email: principal@fitzgeraldss.eq.edu.au

Phone: (07) 4965 6333
Website: www.fitzgeraldss.eq.edu.au
Email: admin@fitzgeraldss.eq.edu.au

FITZGERALD STATE SCHOOL

Fitzgerald State School Complaints Form

At Fitzgerald State School, all complaints must be submitted in writing. Please complete this form with as much detail as possible to assist us in thoroughly investigating the matter and working toward a resolution.

Personal Information

Parent / Guardian Name: _____

Phone Number & Email: _____

Students Name: _____ Class: _____

Tell us what happened. Who or what are you unhappy with?

Tell us where it happened

☐	In the classroom	☐	Travelling to school
☐	In the playground	☐	Travelling from school
☐	Online	☐	Other:

Tell us when it happened

☐	In the last week	☐	In the last few weeks	☐	More than one month ago
If you know the date it happened, write it here:					

Tell us what you want to happen now. What would make you happy?

What's next?

- Email this completed form to complaints@fitzgeraldss.eq.edu.au
- Our Complaints Officer will acknowledge your email within 3 school days
- The delegate will be in touch within the appropriate timeframe, noting that internal investigations may take place before contact is made

The Department of Education Complaint Timeline

1. Make the complaint in writing
2. We will acknowledge your complaint within 3 school days
3. We will review the issues raised and respond within 30 days
4. If your complaint involves human rights or a privacy complaint, we will respond in 45 school days
5. If we need more information or time to deal with your complaint, we will advise you
6. If you are not happy with the outcome, you have 20 days to ask for an internal review

Please refer to the 'Making a Complaint to the Department of Education' flyer for further information

Signature

By signing the below, you acknowledge that you have read and understood the **Fitzgerald State School's Complaints Process** and you are aware of the timeline as per the additional information provided with this form.

Parent / Guardian Name: _____

Signature: _____

Date: _____

Office Use Only

Complaint Officer: _____

Date Received: _____

Reference Number: _____