CATHOLIC DIOCESE OF BROKEN BAY

# **CONFRATERNITY OF CHRISTIAN DOCTRINE (CCD)** APPROVED PROVIDER OF SPECIAL RELIGIOUS EDUCATION (SRE) COMPLAINT FORM

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Complainant Details** | | | | | | | | | | |
| *Please select from the following.* I am a/an: | | | | | | | | | | |
| Parent Student NSW DoE School/Employee  CCD Employee SRE Teacher Other | | | | | | | | | | |
| **2. Personal Details** | | | | | | | | | | |
|  | | Mr | | | Mrs | | Ms | | | Other: |
| **Surname** | |  | | | | | | | | |
| **First Name** | |  | | | | | | | | |
| **3. Contact Details** | | | | | | | | | | |
| **Address** | | | |  | | | | | | |
|  | | | | | | Postcode |
| **Email Address** | | | |  | | | | | | |
| **Daytime Phone No./Mobile** | | | |  | | | | | | |
| **Preferred Contact Method:** | | | | Phone | | Letter | | | Email | |
| **4. Subject of Complaint**  **(Child Protection complaints will be referred to the school principal)** | | | | | | | | | | |
| Child Protection Classroom Management SRE Teacher  Curriculum School Other\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **5. Complaint Summary** | | | | | | | | | | |
| When it happened | | |  | | | | | | | |
| Where it happened | | |  | | | | | | | |
| Who was involved | | |  | | | | | | | |
| What happened (Details of your complaint) | | | | | | | | | | |
| What would you like to happen to resolve your complaint? | | | | | | | | | | |
| **6. Acknowledgement** | | | | | | | | | | |
| *All information provided above is true and correct to the best of my knowledge.* | | | | | | | | | | |
| Name |  | | | | | | | Date: | | |
| Signature |  | | | | | | |  | | |
| **7. Privacy Notice** | | | | | | | | | | |
| The information provided in this form is collected and handled in accordance with the Catholic Diocese of Broken Bay’s Privacy Policy (available on the website at [www.bbcatholic.org.au](http://www.bbcatholic.org.au)) and we will only use the information collected on this form to resolve your complaint. Your personal information will not be disclosed without your consent, except where required or authorised by law*.* | | | | | | | | | | |

**I have read and acknowledged the privacy policy/notice (required field)**

|  |  |  |
| --- | --- | --- |
| **8. Office Use Only** | | |
| Action Officer |  | |
| Position |  | Date: |
| Complaint Lodged  Online Phone In Person Email In Writing  **Note for online form:**  **Upon submission this form will be forwarded to the CCD Diocesan Coordinator.** | | |

# FORM REVIEW

Review of this Form, related guidelines and resources will be undertaken every two years by the CCD Diocesan Coordinator in consultation with the Director, Office for Evangelisation and the Manager (Chancery) Office for Safeguarding and approved by the Diocesan Financial Administrator.

**REVISION/ MODIFICATION HISTORY**

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Version** | **Current Title** | **Summary of Changes** | **Approval Date** | **Commencement Date** |
| 30/10/18 | 1. | Confraternity of Christian Doctrine (**CCD**) Approved Provider of Special Religious Education (**SRE**) Complaint Form | New | 30 Oct 2018 | 30 Oct 2018 |
|  |  |  |  |  |  |

# APPROVAL DATE/REVISION SCHEDULE

**Approved by**: Emma McDonald, Diocesan Financial Administrator

**Date**: 30 October 2018

**To be revised**: 30 October 2020