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**ST THOMAS AQUINAS  
 COLLEGE**

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 Tynong, Victoria 3813

**FOR61201 Complaints and Grievance Form**

**Your Details:**

Family Name:	
Given Names	
Address	
Contact Number	
Email	

You are a (please tick):		Subject of the complaint (please tick)	
Staff member	<input type="checkbox"/>	School	<input type="checkbox"/>
Student	<input type="checkbox"/>	Staff member	<input type="checkbox"/>
Parent/Carer	<input type="checkbox"/>	Student	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>	Policy/Procedure	<input type="checkbox"/>

**Details of the complaint:**

**Details of the outcome you are seeking:**

**Have you raised this complaint with a staff member before:**

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
If yes, when	
Who dealt with the matter	
What was the outcome:	

**Please complete and sign this document and email it to:**

[complaints@stac.vic.edu.au](mailto:complaints@stac.vic.edu.au)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_