## **Complaint form**



When you make a complaint, we will try and help you, be kind to you and tell you how long it will take. If you need help when using this form, you can ask a trusted adult you feel comfortable with.

Tell us about you				
Name:				
1. Tell us how you fe	eel Circle your answer	if you want to		
Sad	Scared	Mad/ angry		
3.Tell us about your cor Who or what are you	mplaint:  angry,  Mad/ angry	sad Sad	Scared	scared with?

4. When did it happen?

What made you feel this way? Yo	ou can draw a picti	ure or write abou	t wnat nappened	
What would make you feel bette	r?			
We might need to talk to you to	help fix your probl	em. Are you okay	with this? Circle y	our/
answer				
Ves Vas				
Yes	No			
You can hand it to your teacher,	post or email this	form to us. Our co	ontact details are:	
6				



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