

**Langford Islamic College**

**COMPLAINT LODGMENT FORM**

**STRICTLY CONFIDENTIAL**

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

Person making the Complaint (*no need to write your name if you wish to remain anonymous*).

\_\_\_\_\_

Contact details: \_\_\_\_\_

\_\_\_\_\_

Nature of the Matter/Complaint:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Persons concerned in the matter:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your proposal for resolution (if any):

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\_\_\_\_\_

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Other relevant information or evidence to support your complaint :

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*For further advice and guidance about the College's Complaints and Disputes Policy and lodgment of a complaint, please contact the Main Office on 9458 5206.*

