IONA COLLEGE

YOUR PERSONAL DETAILS (THE COMPLAINANT)



Telephone: (07) 3893 8888 Fax: (07) 3893 8800

Email: admin@iona.qld.edu.au

A Catholic Boys' College conducted by The Missionary Oblates of Mary Immaculate.

RECORD OF COMPLAINT ABOUT NON-COMPLIANCE WITH IONA COLLEGE STUDENT PROTECTION PROCESSES

Title:	First Name:	Last Name:
Address:		
Telephone (h	ome):	Telephone (work):
Mobile:		Email Address:
Please specify	y in what capacity you	re making the complaint (e.g. student, former student, parent, guardian, other):
		VOLUNTEER (THAT YOU ARE COMPLAINING ABOUT) WHO YOU BELIEVE MAY LEGE STUDENT PROTECTION PROCESSES:
Staff Member	r's Name:	Role/Position:
DETAILS OF T	HE COMPLAINT:	
In the space b	pelow, please outline yo	ur complaint, providing full details including:
➤ What the p	particular complaint is a	pout.
➤ Full details	s of the complaint (e.g.	what happened, when it happened etc).
➤ Why you b	pelieve the Iona Student	Protection Processes have not been followed.
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		e attach a separate sheet to this form.
FURTHER INF	ORMATION	

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If you have referred this complaint to another person or agency e.g. the Police or Child Safety, what was the outcome of the complaint? What were you advised? Please attach copies of any relevant documents.

➤ Witnesses:

If any other person can provide information about the complaint, please provide their names, contact details and what information they may be able to provide.

➤ Documents / other evidence:

Attach copies of any documents or other evidence relevant to your complaint (e.g. letters, photographs, statements from witnesses or other people). If you cannot provide the documents/evidence, please provide details of who has access to the documents/evidence or how this can be obtained, and what information they may be able to provide.

➤ Outcome you are seeking:

Please specify the outcome you wish to achieve by making a complaint to the College about non-compliance with Iona's Student Protection Processes.

The information contained in this form is true and accurate to the best of my knowledge.

Signature: Date:

Print or Type Name:

Submit the completed form either:

➤ by email to the College:

➤ by post to:

by email to the College Board Delegate for Student Protection:

admin@iona.qld.edu.au PO Box 351 Wynnum Central 4178.

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Email: admin@iona.qld.edu.au

aln@stritas.qld.edu.au