**Initial Record Form for a School Complaint**

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| School: | | Archbishop Ilsley Catholic School | |
| Name of Complainant: | |  | |
| Name of Child: | |  | |
| Date of Contact with School: | |  | |
| Nature of Concern | | | |
|  | | | |
| Actions Taken | | | |
|  | | | |
| Name: | Signature: | | Date: |