**

**COMPLAINTS FORM**

 *(PLEASE USE BLOCK CAPITALS)*

**YOUR NAME, ADDRESS & CONTACT NUMBER**

**DATE ON WHICH THE ALLEGED INCIDENT HAPPENED**

**LOCATION OF ALLEGED INCIDENT:**

**NATURE OF COMPLAINT:** (*E.G. Harassment, Bullying etc.)*

**NAME OF PARTY OR PARTIES INVOLVED:**

**PLEASE GIVE A DETAILED ACCOUNT OF THE ALLEGED INCIDENT:**

**SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE THAT A COPY OF THIS FORM WILL BE FORWARDED TO ALL RELEVANT PERSONS INVOLVED.**

**Received By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_