STANTHORPE
STATE PRIMARY
SCHOOL

Concern / Complaint

Please provide as much detailed information as possible to assist us in promptly addressing your concern.

Your Name: _____ Date: _____ Time: _____

People Involved (teacher/staff/student/parent etc):

_____

_____

_____

Brief description of concern/complaint:

_____

_____

_____

_____

_____

_____

_____

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_____

_____

_____

Parent / Carer / Community Member Name: _____

Signature: _____

Date: _____