

BS"D

Yeshiva College Cheder Chabad



Complaints Record Form

1. Name and position:.....
2. Name of child or young person involved:.....
3. Name of person making the complaint:.....
4. Name of the person who the complaint is made against:.....

5. Nature of the complaint – include time, date, location and what happened

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6. Details of any injuries and if the child received medical attention

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7. Accurately record what the child said when describing what happened

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8. Details of anyone who saw what happened

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.....

9. Does this complaint indicate the possibility of child abuse, i.e. physical abuse, sexual abuse or neglect Yes No

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10. If yes, provide details of your report to Department of Family and Community Services

Person spoken to:

Date:

11. If complaint relates to inappropriate behaviour, details of internal discipline process followed:

12. Any follow up required:

Yes

13. If yes, provide details:

No

Signed:

Dated:

Print Name:

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