

To: The Registrar
Teachers Registration Board
PO Box 3649
RUNDLE MALL SA 5000

Date:

COMPLAINT ABOUT A TEACHER FORM

This form will help you to provide the Teachers Registration Board with all relevant information to assess your complaint and determine what action, if any, can be taken. Please complete all of the relevant sections on this form providing full details of your complaint.

YOUR PERSONAL DETAILS:

Title: _____ First Name: _____ Last name: _____

Address: _____

Telephone (home): _____ Telephone (work): _____

Email address: _____ Mobile: _____

Please state in what capacity you are making the complaint e.g. student,
former student, parent, guardian, teacher, colleague, other (specify): _____

TEACHER'S DETAILS:

Teacher's full name: _____

Teacher's registration number (if known): _____

School name: _____

School address: _____

School telephone no.: _____

DETAILS OF THE COMPLAINT:

Please provide full details of your complaint including: dates/times, what happened and where the incident took place. If you do not have enough space below, please attach a separate sheet.

FURTHER INFORMATION:

Witnesses: If any other person can provide details or 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.*

Investigation by the employer: If you have referred this complaint to the teacher’s employer (e.g. the school) or the employing body (e.g. Department for Education, Catholic Education Office, Association of Independent Schools of SA), what was the outcome of the complaint? *If you have not referred this complaint to the teacher’s employer or employing body, what are your reasons for not doing so?*

Referral to other agency: If you have referred this complaint to another agency (e.g. South Australia Police), what was the outcome of the complaint? *Please attach copies of relevant documents.*

Signature:	Date:
Print Name:	

If you have any questions or require assistance in completing this form, please contact the Investigation Unit on (08) 8226 5984.

Send this form and all attachments marked “**Private and Confidential**” to:

**The Registrar
Teachers Registration Board of South Australia
PO Box 3649
RUNDLE MALL SA 5000**

For further information about the TRB and the Act, visit our website at:
<http://www.trb.sa.edu.au>