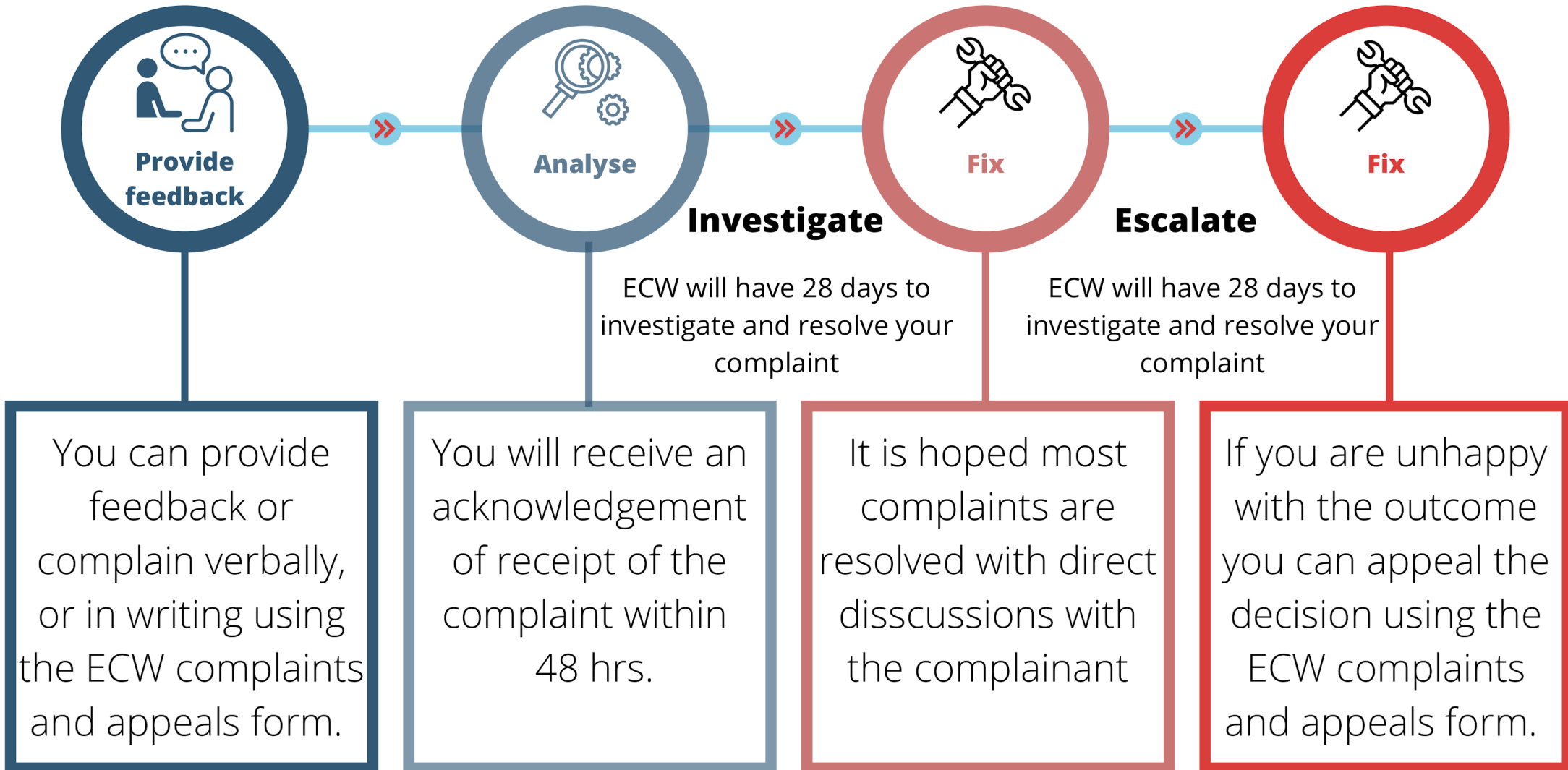




How do I provide feedback or make a complaint?



Ask a staff member for a copy of our Policies and Procedures



Complaints/Appeal Form

Please provide the following information to assist PINGAREE HOUSE in addressing your appeal.

Name:		
Address:		
Phone:	Home:	Mobile:
Email:		

Would you like **PINGAREE HOUSE** to contact you whilst the investigation is undertaken?

Yes No

Do you require an interpreter? Yes No

If Yes (Language): _____

Please provide details on the next page.

Privacy notice

The information we collect from you, or an authorised third party, may be held by PINGAREE HOUSE and used to deliver services and for purposes required or permitted by law. PINGAREE HOUSE may also use your information to assess, coordinate, or improve our services.

PINGAREE HOUSE may also disclose your information to third parties if you have consented to the disclosure or if the disclosure is required or authorised by law. Information provided to PINGAREE HOUSE may be stored using an overseas data storage provider.

PINGAREE HOUSE has and will continue to comply with state and federal privacy legislation when collecting, using and managing your personal and sensitive information.

If you choose not to provide your personal and sensitive information to PINGAREE HOUSE, it may impair our ability to provide services to you.

Our *Privacy Policy* contains information about how you can access and correct your personal information, along with how you can make a complaint concerning breaches of privacy.

Our *Privacy Policy* and further information about privacy can be obtained by contacting our office on 02 86777762 or by emailing pingaree.admissions@gmail.com

Describe the complaint/appeal, including what happened, when, where and the names of those involved (or provide details of an attached document that describes the nature of the grievance).

Describe the desired outcome of the appeal/complaint, i.e. what you would like to happen next:

<input type="checkbox"/>	If you are appealing a current assessment, indicate if you wish to request a reassessment.	
Signed:		Date:
<input type="checkbox"/>	This complaint/appeal was recorded on behalf of the named by an ECW staff member.	
Name:		Position:
Signed:		Date: