



Complaint form

It is expected that the first point of contact for any complaint will be the teacher's employer.

Please complete all sections of this form in order to submit your complaint. There are eight steps to complete. Before you complete this form, please ensure you have read the [Conduct and Competence Process Guide](#). We need all documentation to enable us to assess your complaint or concern.

Please provide your name and contact details when filling out a complaint form. To save the document when using adobe reader select **File** then **Save As**.

Copies of the complaint form and any documents you provide to the Council will be provided to the teacher you are complaining about.

If you want to complain about more than one teacher, please complete one complaint form for each teacher.

If you have any questions or require assistance in completing this form, please phone the Teaching Council on 04 471 0852 or email conduct@teachingcouncil.nz.

1. Details of the teacher you are complaining about: (Enter the details of the teacher)

Full name:

Other names known by or used:

Registration No.: Date of birth (if known):

Choose the sector they work in:

School/Kura/Centre or ITE Provider name:

School/Kura/Centre or ITE Provider address:

Teacher Address (if known):

Current employer:

Teacher mobile phone: Home phone: Work phone:

Teacher email address:

Your relationship to teacher
e.g. parent of student:

2. Your personal details (the complainant): (Details of the person making this complain)

Please provide your full name and contact details, including your address. Our preference is to correspond to you by email. Please note that the person who is the subject of your complaint will be advised that you have made the complaint.

Surname:

First and middle names:

Title

Address:

Mobile phone: Home phone: Work phone:

Email address:



3. Details of the complaint:

Note: If extra space is required, please attach extra sheets to the back of this form. Make sure to mark clearly which step these refer to.

Describe your complaint:

Date of incident: dd/mm/yyyy

What happened? When did it happen? Where did it happen? Who was involved?

What was the impact or result of this teacher's actions?

When you referred this to the employer, what actions did they take?

What did the employer do and how satisfied were you with their actions?

If this matter has not been referred to the Teacher's employer, what were your reasons for not doing so?

It is a legal requirement that complaints are first referred to the employer except when there are exceptional circumstances.

Please specify the outcome you wish to achieve by making this complaint?



4. Witnesses: Are there other people we can speak to about this concern?

Note: If extra space is required, please attach extra sheets to the back of this form. Make sure to mark clearly which step these refer to.

Please provide the name, contact details and their involvement in the matter:

Witnesses full name:
Mobile phone: Home phone: Work phone:
Email address:
Involvement in the matter:

Witnesses full name:
Mobile phone: Home phone: Work phone:
Email address:
Involvement in the matter:

Witnesses full name:
Mobile phone: Home phone: Work phone:
Email address:
Involvement in the matter:

Witnesses full name:
Mobile phone: Home phone: Work phone:
Email address:
Involvement in the matter:



5. Documents:

Note: Please attach copies of any documents you think are relevant to your complaint. If you cannot provide the documents, please provide details of who has access to these documents, their contact details and what information they may be able to provide.

Please attach any further information:

6. Declaration: (Please complete all sections of this application before printing and signing)

I understand that the teacher will be notified of the complaint and will be made aware of my name.

I understand the Teaching Council Aotearoa New Zealand sends a copy of all the information that is received about a teacher to him or her in accordance with the rules of natural justice and the Privacy Act 1993.

To the best of my knowledge, all information I am providing is correct and accurate.

Please sign your declaration:

Signature:

Full name

Date: dd/mm/yyyy

What happens next?

Once the form and other required documents have been completed **email** them to: conduct@teachingcouncil.nz or **post** them to:

**Senior Manager Professional Responsibility
Teaching Council Aotearoa New Zealand
PO Box 5326
Wellington 6011**

Our contact telephone number is:
+64 4 471 0852

