

Saint Mark's Coptic Orthodox College



Teacher/Parent/Pupil Concerns Register

Person Filing the Report:	Teacher / Parent / Pupil	
Nature of Incident:	(Summary Heading)	
Day and Date of Occurrence:	Time:	
Persons Involved in this issue (student, parent, etc):		
Please Outline the Details of the Concern:		
Signature: Da	te:	

How was the concern addressed: Personal Interview / Telephone / E-mail		
Who is responsible for monitoring this Concern:		
Action Taken:	Date:	
Follow-Up with Complainant: (School Use Only)		
Has this Issue been Resolved?		
Yes (state Date)		
No (state why, who and what will be undertaken next)		
Signed for School:	Date:	