



FORMAL COMPLAINT RECORD
CORINDA STATE HIGH SCHOOL
VET Senior Schooling

(To be completed by the Senior Schooling HOD only)

Student Name: _____

Subject: _____

Teacher: _____

Complaint Summary: _____

Copy of written complaint attached

Complaint committee:

1. Principal or person appointed by the Principal
2. Teacher/HOD Senior Schooling
3. Independent Person

Date Of Hearing: _____ Time: _____

Reason: _____

Signatures of Committee	Date	Student signature	Date
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Principal or Appointee:		Student:	
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Teacher :		HOD Senior Schooling:	
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Independent:		Witness:	
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(This Form to be filed with the HOD Senior Schooling)