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: |

Teacher: | HOD Senior Schooling: |

Independent: | Witness: |

(This Form to be filed with the HOD Senior Schooling)