



INFORMAL COMPLAINT RECORD
CORINDA STATE HIGH SCHOOL
VET Senior Schooling

(To be completed by the Senior Schooling HOD only)

Student Name: _____

Subject: _____

Teacher: _____

Complaint Summary: _____

Decision/Reason/Circumstances: _____

Outcome: _____

Signatures of Committee

Date

Student signature

Date

Principal or Appointee: _____

Student: _____

Teacher : _____

HOD Senior Schooling: _____

Independent: _____

Witness: _____

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