



COMPLAINT FORM

LEVEL 1

YOUR DETAILS

Student's Name:

Parent's/Guardian's Name:

Address:

Postal Code:

Home Telephone Number:

Work Telephone Number:

Cell Phone:

E-mail:

NAME OF SCHOOL OR CENTRE

School/Centre:

INFORMATION ABOUT YOUR COMPLAINT (ATTACH ADDITIONAL PAGES IF NECESSARY)

Date of complaint:

Author of decision:

Date of decision:

Brief description of your complaint:

WHAT IS YOUR DESIRED OUTCOME?

Signature:

Student/Parents/Guardians

Date: