

# FORM 9: COMPLAINT FORM

By filing in this form you will be lodging a formal complaint.

We thank you for taking the time to notify us of your concern. We value your feedback and hope to be able to resolve your complain as soon as possible.

A written response will be forwarded to you within 14 days from processing this form

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Contact Numbers:** \_\_\_\_\_

Please detail your concern in full, giving as much detail as possible, include extra pages if necessary.

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**Signature:** \_\_\_\_\_

**WE WILL BE IN CONTACT WITHIN 14 DAYS FROM PROCESSING THIS FORM, THANK YOU**

## **OFFICE USE ONLY**

Received by: \_\_\_\_\_ Complaints Number Issued: \_\_\_\_\_

Date: \_\_\_\_\_ Given to Principal: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Date response issued: \_\_\_\_\_ follow up date: \_\_\_\_\_

Specify improvement possible based on complaint: \_\_\_\_\_

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