



**BILOELA STATE HIGH SCHOOL**  
**Vocational Education & Training**

**COMPLAINT FORM**

Student's Name: \_\_\_\_\_ Care Group: \_\_\_\_\_ Class: \_\_\_\_\_

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

Nature of Complaint

Please use specific detail (dates etc)

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How would you like to see this resolved?

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Student's Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Accepted by: \_\_\_\_\_ Position: \_\_\_\_\_

Date Accepted: \_\_\_\_\_