

STATEMENT – form

HOSTEL

SCHOOL

Date :					
			-		
Date of incident:					
Place of incident:					
1. COMPLAINAN	NT:				
Please indicate:	STAFF	LEARNER	PARENT		
	MEMBER	Grade			
Full name:					
Address:					
Cellphone number:					
2. OTHER PARTY/PA	ARTIES INVOL	_VED (if any):			
Full name:					
Address:					
Cellphone number:					
Name of learner:					
Name of learner's pa	rent/guardian: .				
Contact details of the	learner's parer	nt/guardian:			
Grade and class:					
Nature of involvemen	it:				

Please indicate:

3. SUMMARY OF COMPLAINT/ DESCRIPTION OF INCIDENT:				
**Circumstances in which incident occurred:				
Circumotanoco in windri indiadrit documea.				
	For admin use:			
	Received by:			
COMPLAINANT SIGNATURE	Date:			
	Statement assessed : Yes / No			
USTORUM SEMITA LUX SPLENDENS	Date and time of assessment:			
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