



JOHN B. LACSON COLLEGES FOUNDATION (BACOLOD), INC.
(Formerly Iloilo Maritime Academy)
Alijis, Bacolod City



BASIC EDUCATION DEPARTMENT
DepEd School ID No. 403019

BED Form 17

COMPLAINT / INCIDENT REPORT

_____ Semester, S.Y. _____

NAME OF COMPLAINANT:		DATE AND TIME FILED:	
GRADE AND SECTION:		CLASS ADVISER:	
PERSON(S) SUBJECT OF THE COMPLAINT:		DESIGNATION:	
NATURE OF COMPLAINT/ INCIDENT:	Description/Narration of the Complaint/Incident (Please use extra sheet/form if needed.)		
<i>(To be submitted to the HS Guidance Office within five (5) working days from the date of the commission of the act being complained of)</i>			
RECEIVED BY:	(Print Name)	DATE RECEIVED:	SIGNATURE:
ACTION TAKEN:			SIGNATURE:
SCHEDULE OF CONFERENCE/HEARING:			SIGNATURE:

"To maintain the highest standards of Quality, Health, Safety, Environmental Protection and Pollution Prevention in our consistent drive to satisfy and strive to exceed stakeholders' expectations"

