



Republic of the Philippines
BULACAN STATE UNIVERSITY
City of Malolos, Bulacan

Office of the Student Affairs and Services
Student Welfare Division

Ref # _____

COMPLAINT FORM

I regret to inform you that the following incident/s happened:

1. What (nature of the complaint)

2. Who (person/s being complained)

3. When (date and time)

4. Where

5. How (Give a chronological narration of the incident, please use another sheet if necessary):

6. Other details (if any):

Signature over printed name

Name/Year/Course: _____

Student ID No.: _____

College/Campus: _____

Home Address: _____

Telephone No.: _____ Cellphone No.: _____

Date Reported: _____