File: 4220F

PUBLIC COMPLAINTS
PATRON REVIEW REQUEST FORM

To: _____ Title: _____

Patron: _____ Date: _____

Address: _____ Home: _____

_____ Phone: _____

E-mail address: _____ Cell: _____

1. The facts upon which my grievance is based are:

2. The alleged policy/regulation violated is:

3. The suggested solution I am recommending and seeking:

4. Resolution:

_____ _____

Date Signature of Patron

_____ _____

Date Signature of Principal /Supervisor or Superintendent Designee

Revised 09.20.04
12.15.06
03.03.10

Lake Washington School District, Redmond, Washington