



Report form for Public Complaints

Please return the completed form to the district administrative office.

Complainant's Name: _____

Address: _____

Phone Number: _____

Complainant is: parent/guardian (student name): _____

district resident

community group (specify): _____

organization (specify): _____

other (specify): _____

Attach additional page(s) if necessary for any question that may require a lengthy response.

For General Complaints

What is your complaint? Please include the specific nature of the complaint, a brief statement of relevant facts, and how you have been affected adversely. Use full names, dates, and exact occurrences, including witnesses, if appropriate:

What action are you requesting that the district consider?

For Complaints Related to a Federal Program

Is your complaint related to an alleged violation in the district's administration of a federally-funded program? Yes No

If yes, identify any facts supporting the alleged violation and supporting documentation, such as information on discussions, correspondence, or meetings with district staff regarding the complaint:

What resolution are you requesting that the district consider?

I verify that the information I have provided in this complaint is true and correct to the best of my knowledge and belief. I understand that any false information provided herein is subject to the penalties contained in 18 Pa. C.S.A. Sec. 4904, relating to unsworn falsification to authorities.

Complainant's Signature

Date

Received By

Date

District Administration and the Board of School Directors reserve the right to defer and redirect complaints that have not been explored to the appropriate administrative level(s).

Complaint #: _____

ADMINISTRATIVE USE ONLY

Step One

Public Complaint Form Received by: _____ on _____ at approximately _____ AM PM
(Staff Initials) (mm/dd/yy) (circle one)

Referral Date _____

Resolved (Y/N)? _____

Referred to: _____

Actions Taken _____

Step Two

Public Complaint Form Received by: _____ on _____ at approximately _____ AM PM
(Staff Initials) (mm/dd/yy) (circle one)

Conference Date _____

Resolved (Y/N)? _____

Attendees _____

Actions Taken _____

Step Three

Public Complaint Form Received by: _____ on _____ at approximately _____ AM PM
(Staff Initials) (mm/dd/yy) (circle one)

Conference Date _____

Resolved (Y/N)? _____

Attendees _____

Actions Taken _____

Step Four

Public Complaint Form Received by: _____ on _____ at approximately _____ AM PM
(Staff Initials) (mm/dd/yy) (circle one)

Conference Date _____

Resolved (Y/N)? _____

Attendees _____

Actions Taken _____