

<p>ISSAQUAH SCHOOL DISTRICT #411 5150 220th Avenue NE Issaquah, Washington 98029</p> <p>Parent/Community Member <i>Complaint</i> Form</p>
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Student _____ Age _____ Grade _____

Principal/Supervisor _____ School/Dept. _____

Parent(s)/Community Member _____

Parent's address _____

Home telephone (____) _____ Work telephone (____) _____

Incident or Practice

Date _____ Time _____

Place _____

Complaint against _____

Description of incident or practice _____

Witness _____ Address _____

Telephone (____) _____

Witness _____ Address _____

Telephone (____) _____

How have you attempted to resolve the concern with the individual employee involved and what was the result? _____

Additional information may be attached.

Parent(s) signature _____

Date _____