



**SILVER CREEK SCHOOL CORPORATION**

**Title I Complaint Notification**

\_\_\_\_\_ **School District Corp #** \_\_\_\_\_

**Notification to Indiana Department of Education and the Local Board**

**Date Form Submitted to State/Board:** \_\_\_\_\_

**Purpose of this Form:** Notification of Complaint

Parent/Guardian First Name: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_ Your Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Street Address: \_\_\_\_\_

Parent/Guardian City: \_\_\_\_\_

Parent/Guardian State: \_\_\_\_\_ Your Zip: \_\_\_\_\_

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

School Name: \_\_\_\_\_ School # \_\_\_\_\_

Date of Issue or Date Span of Issue if Applicable: \_\_\_\_\_

Date of Meeting with Principal: \_\_\_\_\_

Outcome/Resolution:  
\_\_\_\_\_  
\_\_\_\_\_

Date of Meeting with Superintendent: \_\_\_\_\_

Outcome/Resolution:

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Original - Briefly Describe Issue or Concern:

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