

## COMPLAINT FORM

To:    District Office    Name of School \_\_\_\_\_

Person Making Complaint \_\_\_\_\_

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Today's Date

What is your complaint? Please include dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who should we talk to and what evidence should we consider? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you like this complaint to be resolved? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only**

**Date:** \_\_\_\_\_

**Disposition of Complaint:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature**

cc: District Office