

Complaint Form

This form and process is available for any parent, student, employee or resident who wishes to initiate a complaint against any DCSD policy, practice, or procedures, any school site practice or procedure, or a District employee.

Student's Name (if applicable) _____ Grade _____ School _____

Parent's Name (or name of complainant) _____ Daytime Phone _____

Please give a written description the nature of the complaint. (This should be a description in your own words of the grounds of your complaint, including all names, dates, and places necessary for a complete understanding of your complaint, as well as any attempts you have made to resolve the issue. You may attach additional pages).

What happened when you contacted the administrator in charge of the school or program? (You may attach additional pages)

What remedy do you seek to this complaint? (You may attach additional pages)

_____ Date _____
Complainant Signature

Received by: _____ Date: _____

Investigation by: _____ Date: _____

Direct follow-up with complainant on: _____ By (email, phone, etc.) _____

