

HERMON-DEKALB CENTRAL SCHOOL
709 EAST DEKALB ROAD
DEKALB JUNCTION, NY 13630
PHONES: 315-347-3442 315-347-3548 FAX:315-347-3817

Title I Complaint Form 2017-2018

Initiated by: _____ Date: _____

Address: _____

School: _____

Please share your comments and/or concerns regarding Title I services.

Signature: _____

Please return this completed copy to your child's principal. The principal will respond to the letter with a face-to-face conference to discuss your concern. If you are still not satisfied with the response, you will be referred to the Superintendent. If your concerns still are not resolved, you may appeal to the New York State Education Department and ultimately the U. S. Department of Education. Please see the District website (<http://www.hdcsk12.org/>) for the Written Complaint and Appeal Procedures.