

Federal Programs Complaint Form

Contact Information:

Name: _____

Address: _____

Daytime Phone: _____

Student Name (if applicable): _____

School: _____ District: _____

Statement of Violation of Federal Requirement: _____

Sequence of Events: (include date and persons involved with each event)

Steps taken to resolve this complaint:

School Board Ruling Information: Date of School Board Meeting: _____

Signature: _____ Date: _____