Date Received



Concern Reporting Form – Public

(For Parents, Students, and Community Members)

:		Person filing complaint:
	Receiving Administrator	Parent
m:	First Name / Last Name	
		Student
	Address	Community
	City / State / Zip	
	School Site	
	Your Child's/Children's Name(s) (If Applicable) e, in your own words, the grounds for your complaint includ y for a complete understanding of the Complaint.	ing all names, dates, and places
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Concern Reporting Form – Public

(continued)

Whenever possible, complaints directed to an individual should be discussed with that person prior to the filing of a written complaint.

- 1. Information regarding a student and/or employee must be kept confidential.
- 2. District policy and the law strictly prohibit retaliation against a complainant or any person participating in good faith in an investigation of a complaint.
- 3. All complaints should be filed in a timely manner.

To whom have you spoken to regarding this complaint? (Name of the employee(s), administrators, or other district officials.)
What was the result of the discussion?
What remedy or solution do you seek?
It is understood that additional information about this complaint may be requested from me (us) and if such information is available, I (we) will present it upon request.
I (we) certify under penalty of perjury that the foregoing is true and correct.
Executed the, 20
Signature(s):