ISD #743 Discipline Complaint Form

Date of Complaint_____

Name of Person Completing Form:_____

Email Address_____ Cell Phone_____

Student Name_____Grade_____

Describe your complaint(s) and/or allegation(s) regarding improper implementation of the Minnesota Pupil Fair Dismissal Act and/or the school discipline policy or how the procedures in these two documents are being discriminately applied.

List below any other information you would like the District to consider:

Signature_____Date:_____

Please submit the complaint to: Don Peschel - Superintendent
don.peschel@isd743.org 903 State Road Sauk Centre, MN 56378 (320)352-2258 Ext. 4001