

Baldwin Union Free School District

COMPLAINT FORM for complaints concerning violations of ESEA Title I, Parts A, C, and D, or of the General Education Provisions Act; or of Section 100.2(ee) Academic Intervention Services of the Regulations of the Commissioner

Please Print

Name (Complainant or agency representative):
Mailing Address:
Phone Number (home):
Phone Number (work):
Date(s) on which violation occurred:
Statement that the Baldwin Union Free School District has violated a requirement of ESEA Title I, Parts A, C, and/or D, or of the General Education Provisions Act; or of Section 100.2(ee) Academic Intervention Services of the Regulations of the Commissioner (include citation to the Federal of State statute or regulation, as applicable) (attach additional sheets if necessary):
Issue, problem and/or concern related to the above cited violation (attach additional sheets if necessary):
The facts on which the statement is based and the specific requirement allegedly violated (attach additional sheets if necessary):

COMPLAINT FORM cont'd

Please Print

List the names and telephone numbers of individuals who can provide additional information.

Please attach/enclose copies of all applicable documents supporting your position.

Nature of the correction action desired (attach additional sheets if necessary):

Signature of Complainant (or agency representative): Date:

Return this form to:

Anthony Mignella
Assistant Superintendent for Instruction
Baldwin School District
960 Hastings Street
Baldwin, NY 11510