



COMPLAINT FORM

TO: ☐ District Office ☐ _____ (Name of School)

Person Making Complaint _____

Telephone number _____ Date _____

Nature of Complaint

Who should we talk to and what evidence should we consider? _____

Suggested solution/resolution/outcome: _____

Signature of Complainant: _____ Date _____

Office Use: Disposition of Complaint: _____

Signature: _____ Date _____

Reset form