

GENERAL COMPLAINT FORM

Please complete all information

Person Filing Report: _____ Today's Date: _____

Address: _____

City: _____ Zip Code: _____ Email: _____

Telephone # Day: _____ Telephone # Evening: _____

Parent's Name, if not Person Filing Report: _____

Your Student's Name: _____ Grade: _____

Student(s) Involved (if applicable) _____ School Attending: _____

Date(s) of Incident: _____

If you need additional space, you may attach a separate sheet of paper to this complaint form.

Statement of Complaint:

(Please make a brief but specific summary of the nature of the complaint and the facts on which you are basing the complaint. Specify facts, dates and other pertinent information.)

Specific description of prior attempts to resolve this matter: Have you met with Assistant Principal and/or Principal? What was the outcome of the meeting(s)?

Suggested remedy or correction requested: What do you want as a result of filing this complaint?

Signature: _____ Date: _____

Staff responsible for investigating complaints shall attempt to resolve the complaint to the satisfaction of the parties involved within 30 working days.

FOR DISTRICT USE ONLY:

Person Receiving Complaint: _____ Date Received: _____

	<u>Date</u>	<u>Time</u>
Made Contact with Principal/Administrator	_____	_____
Made Contact with Complainant	_____	_____
Response to Complainant	_____	_____

Comment: _____

Outcome: _____

