



Jasper County Charter System

General Complaint Form

Date of Complaint: _____

Student Name: _____

IMPORTANT: Please read the following note before continuing.

This form should be completed if the nature of your complaint makes it inappropriate for you to approach the originator of the action or their superior.

Contact Information

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Cell: _____

Email Address: _____

Student Information

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Complaint *(Write your complaint below...)*



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Prior to completing this form have you contacted anyone at the Central Office or the school in an attempt to resolve your complaint? _____ Yes _____ No

If yes, please provide the name of the person(s) contacted.

Name of contact person: _____

What outcome are you seeking?

Complainant Signature: _____ Date: _____

For Office Use Only

Date Referred: _____ Referred to: _____

Notes:

Questions to be asked:



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Director of Student Services Signature: _____