

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehigh, Pennsylvania 18235

Telephone: 610-377-4490 Fax: 610-577-0032

“Partnering with students, families, and community to provide opportunities for life-long success through academic excellence and individual growth in a safe and supportive environment.”

Formal Complaint Form

It is District policy to investigate all complaints and take appropriate action. If you wish, please use this form to document your complaint.

Please Print

Name of Complainant: _____

Mailing Address: _____

Phone Number (home/cell): _____

Phone Number (work): _____

Person and/or department complaint is being filed against:

Date and time of occurrence: _____

Description of incident – Please state the facts upon which the complaint is based and note all relevant dates, places, events, etc. pertaining to the complaint: (Use second sheet if necessary)

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

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

It may become necessary to disclose your identity and/or complaint, in order to conduct a formal investigation. Should such a disclosure become necessary, it will be only to the person(s) with a need to know your identity or the details and nature of the complaint. By signing below, you authorize the company to disclose your identity and/or details of this complaint, should it become necessary.

I acknowledge that I have read this document and understand my obligation to provide information as needed and to cooperate fully and completely with any investigation of this complaint.

Signature of Complainant: _____

Date: _____

Mail or deliver this form to: Lehigh Area School District
ATTN: Superintendent
1000 Union Street
Lehigh, PA 18235

For Office Use Only

Date Received: _____

Date of Response to Claimant: _____
Attach Response