



TRUSSVILLE CITY SCHOOLS
476 Main Street
Trussville, AL 35173
(205) 228-3000 FAX (205) 228-3001

**PARENT / STUDENT COMPLAINT FORM
LEVEL 1 (Principal)**

This form can be filled out by a student, parent, guardian or employee within 15 days of the date the decision, action or event causing rise to the complaint.

Parents or guardians of students may complete the form on behalf of their child and submit to the principal.

1. Student's Name _____ Grade _____ Campus _____

2. Parent's Name _____ Daytime Phone _____

3. Date of Incident _____

4. Please write a brief description of the incident including the location of the incident and attached any documents or screenshots:

5. Did you witness the incident? _____

6. Was there harm to the student? If so, please explain: _____

7. What remedy do you seek to this complaint?

Student/Parent/Guardian Signature

Date

Signature of person completing this form

Relationship to Student

Received by (TCS Personnel)

Date

Please provide a copy of this report to the person filing this form.