The O'Farrell Charter Schools

Parent/Guardian Complaint Form

Date: _____ School: _____

Name of Student / Complaining Party: _____

Parent/Guardian: _____

Address: _____

Telephone: Home _____ Cell / Other _____

Does this complaint involve physical violence or the threat of physical violence or injury? ___No ___Yes

Has there been a threat of suicide in connection with this incident / complaint? ___No ___Yes

If yes, please provide additional details._____

_____

Have you already met with a staff member regarding your complaint? If yes, please provide the following information: Staff Name_____ Date of meeting_____

Provide a complete description / explanation of the complaint, including the date of the incident on which the complaint is based, names of students or others responsible or involved in the incident, names of witnesses, and all other relevant facts. Use the back or attach additional paper as needed.

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Describe any earlier efforts to resolve this matter or the reasons no such efforts were pursued.

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What specific remedy or corrective action are you seeking?

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_____ _____

Student Signature Date

_____ _____

Parent/Guardian Signature Date

*Submit the form to the School Principal and to Susan Cuttitta, Director of Operations.