STUDENT CONCERNS, COMPLAINTS, AND GRIEVANCES

COMPLAINT FORM

(To be filed with the school administrator or the administrator's supervisor, or with a professional staff member who will forward it to the school administrator or the administrator's supervisor)

Additional pages may be attached if more space is needed.

Please print:

Name __________________________ Date ________________

Address __________________________________________

Telephone ________ Another phone where you can be reached _________

During the hours of ___________________________________

E-mail address ______________________________________

I wish to complain against:

Name of person, school (department), program, or activity __________________________

____________________________________________________

____________________________________________________

Address ____________________________________________

Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places.

__________________________________________________________________________

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If there is anyone who could provide more information regarding this, please list name(s), address(es), and telephone number(s).

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The projected solution

Indicate what you think can and should be done to solve the problem. Be as specific as possible.

I certify that this information is correct to the best of my knowledge.

Signature of Complainant __________________________ Date Signed __________________________

Administrator or professional staff member receiving initial complaint __________________________ Date initial complaint received __________________________

The investigating administrator shall give one (1) copy to the complainant and retain one (1) copy for the file.