EXHIBIT

## 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, scho	ol (department), program, or activity
Address	
incident, the particip	ant by stating the problem as you see it. Describe the earts, the background to the incident, and any attempts live the problem. Be sure to note relevant dates, times,

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If there is anyone who coulist name(s), address(es), a	_	rmation regarding this, please (s).
Name	Address	Telephone Number
The projected solution		
Indicate what you think ca specific as possible.	an and should be don	e to solve the problem. Be as
I certify that this informat	ion is correct to the b	est of my knowledge.
Signature of Complainant		Date Signed
Administrator or professional staff receiving initial complaint	member	Date initial complaint received

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