



COMPLAINT FORM

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

Additional pages may be attached if more space is needed.

Please print:

Name _____ Date _____

Address _____

Telephone _____ during the hours of _____

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 all relevant dates, times, and places.*

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

Name	Address	Telephone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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