Chandler High School
IB Formal Complaint Form

Date:_____

Student Name:_____ Student ID #_____

Student Cell Phone Number _____

Parent Name: _____

Parent Address_____

Parent Address _____

Parent Cell Phone Number_____

Best time to contact Parent _____

Details of your complaint (include the service and/or department your complaint relates to, attempts to resolve the matter, include any documentation to support your complaint). Please be specific so that we have all the information. Thank you! We may contact you for further information if necessary. We will respond to you within 15 days after we have investigated the matter.

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