



COMPLAINT FORM

IDENTIFICATION

Student Name: _____

Parent/Guardian Name: _____

Address: _____

Telephone Number: _____

E-mail: _____

School/Center: _____

INFORMATION ABOUT YOUR COMPLAINT

Date of Complaint: _____

What is the decision you would like reviewed?

Author of Decision: _____

Date of Decision: _____

Please describe the context surrounding this decision. Please also describe the steps taken in good faith to try to resolve this problem.

For what reasons are you dissatisfied with the decision and the steps taken to find Resolution?

What is your desired outcome?

Signature: _____ **Date:** _____