

## Addendum B: 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.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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**Select an option for investigation purposes:**

- I agree that information, which may include my identity or facts which may reveal my identity, be communicated, only as necessary for the investigation of the complaint.
  
- I do not agree that my identity or facts which may reveal my identity be communicated, in which case I understand that the file may be closed without investigation after possible avenues have been explored (refer to paragraph 1.5 of the Policy).

**What is your desired outcome?**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_