

## 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?** \_\_\_\_\_

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**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:** \_\_\_\_\_