



Today's Date: _____

PARENT/STUDENT COMPLAINT FORM

To file a complaint, please fill out this form completely and submit it by mail, fax, or email to the appropriate administrator.

PARENT/GUARDIAN NAME:	CONTACT PHONE NUMBER:
CONTACT EMAIL ADDRESS:	
NAME OF STUDENT(S):	GRADE LEVEL(S):
SUPERVISING TEACHER:	SCHOOL ADMINISTRATOR CONTACTED:

INCIDENT/COMPLAINT DESCRIPTION
1. Describe the circumstances that occurred or the situation that exists. Be sure to include place, date, time, and names (if possible).
2. How has this incident or situation impacted your child?
3. What do you consider an acceptable resolution to the situation?
4. Do you have any additional information/comments that will assist in finding a remedy for the situation.

Parent/Guardian Signature

Date