

STUDENT AND PARENT COMPLAINT RESOLUTION FORM

NOTICE OF COMPLAINT REQUEST FOR RESOLUTION THROUGH ADMINISTRATIVE PROCESS

Name of	Building Principal/Appropriate Supervisor to Whom Complaint	is Addressed:
Name of	Complainant:	
Job Assi	gnment (if employee):	
Job Site:		
Name of	Person Complained Against:	
Job Assi	gnment (if applicable):	
Date Co	mplaint Filed:	
	PLEASE BE SPECIFIC AND PROVIDE COMPLETE DETA	AILS IN STATING COMPLAINT
	A. List School District Policy or Regulation Allegedly Violated	1:
	B. Date Violation Occurred:	
	C. Locations at Which Violation Occurred:	
	D. Witnessed to Violation (attach witness statements):	
	E. Description of Violation (attach additional sheet for explanation if necessary):	
	Proposed Resolution:	
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/	Signature of Complainant	Date