



## COMPLAINT FORM

TO:  District Office  \_\_\_\_\_ (Name of School)

Person Making Complaint \_\_\_\_\_

Telephone number \_\_\_\_\_ Date \_\_\_\_\_

Nature of Complaint \_\_\_\_\_

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Who should we talk to and what evidence should we consider? \_\_\_\_\_

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Suggested solution/resolution/outcome: \_\_\_\_\_

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Signature of Complainant: \_\_\_\_\_ Date \_\_\_\_\_

Office Use: Disposition of Complaint: \_\_\_\_\_

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