

PARENT/ STUDENT COMPLAINT FORM

Student's Name: _____ Home Address: _____ City: _____ Zip: _____ Home Phone: () _____ Date: _____ Name of School: _____ City: _____	Level (Please check block): <input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <i>*Documentation from previous level(s) must accompany this form.</i>
GRIEVANCE PRESENTED TO: _____	DATE: _____
NATURE OF GRIEVANCE: _____ _____ _____ _____ _____	
DETAILS: _____ _____ _____ _____ _____ _____ _____ _____ _____	
REMEDY SOUGHT BY PARENT: _____ _____	
<i>In submitting this grievance, I certify that I have attempted to resolve this through conciliation.</i>	
Parent's Signature _____	Date: _____
Grievance Received By: _____	Date: _____
DECISION: _____ _____ _____	
Signature: _____	Date: _____