

Parent / Student's Complaint Form

Level One (Advisor or Department Chair)

This form must be filled out completely by a student or parent within 15 days of the date the student or parent first knew of the decision or action giving rise to the complaint or grievance. Please give your form to your ES Advisor or the Department Chair.

1. Student Name: _____ Grade: _____ ES: _____

2. Parent's Name: _____ Daytime Phone: _____

3. Date of Incident: _____

4. Please write a brief description of the incident: _____

5. Has the incident been reported to anyone else? _____

6. What remedy do you seek to this complaint? _____

Student /Parent Signature _____ Date: _____

Received by Please provide the student/parent a copy of this report at filing. _____ Date: _____