
Public Complaint Form

***This form should only be used for complaints made by members of the public who are not students, parents, or employees except for those who are complaining regarding a criminal trespass warning.**

ALL FIELDS ARE REQUIRED

Complainant Name: _____

Complainant Address: _____

Complainant Phone Number: _____

Complainant Email Address: _____

Please describe the decision or incident causing your complaint:

Date of decision or incident: _____

Date you became aware of the decision or incident: _____

Please explain how you have been harmed by this decision:

Please describe any attempts you have made to resolve your complaint informally, including the names of any individuals with who you spoke and the dates of those conversations:

Please list the remedies you are seeking for this complaint:

Will you be represented in voicing your complaint?

Yes

No

If yes, please provide the following information.

Representative Name: _____

Representative Address: _____

Representative Phone Number: _____

Representative Email: _____

Is the representative an attorney?

Yes

No

Complainant Signature: _____ Date: _____