

# Student/Parent Complaint Form

**\*This form should only be used for complaints made by students/parents and only with regard to the complaint types listed below.**

## ALL FIELDS ARE REQUIRED

Complainant Name: \_\_\_\_\_

Complainant Address: \_\_\_\_\_

Complainant Phone Number: \_\_\_\_\_

Complainant Email Address: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Campus: \_\_\_\_\_

Please select your complaint type:

- |  |   |
|--|---|
| <input type="checkbox"/> Regarding extracurricular activities  | <input type="checkbox"/> Failure to obtain required consent for certain activities  |
| <input type="checkbox"/> Regarding disciplinary actions other than expulsion   | <input type="checkbox"/> Report of neglect made on the sole basis of refusal of psychiatric or psychological treatment of child |
| <input type="checkbox"/> Violation of a school law of the state  | <input type="checkbox"/> Violation of the right to a religious exemption from instruction                                       |
| <input type="checkbox"/> Objection to classroom or teacher assignment  | <input type="checkbox"/> Concerns regarding admission, placement, or services for homeless students                             |
| <input type="checkbox"/> Objection to gifted and talented selection or exit  | <input type="checkbox"/> Improper conduct of a professional employee  |
| <input type="checkbox"/> Objection to the content or implementation of the educational plan adopted by an accelerated learning committee | <input type="checkbox"/> Appeal of prohibited conduct findings  |
| <input type="checkbox"/> Failure to provide access to records, information regarding a student, state assessments, or teaching materials | <input type="checkbox"/> Appeal of Expulsion  |
| <input type="checkbox"/> Violation of the right to attend school activities  | <input type="checkbox"/> Appeal of Grade  |
| <input type="checkbox"/> Failure to award grade or credit based on attendance  | <input type="checkbox"/> Request to amend a student's education records   |
| <input type="checkbox"/> Violation of the right to access to board meetings, other than a closed meeting                                 | <input type="checkbox"/> All Other Complaints   |

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: \_\_\_\_\_