JII-EA©

EXHIBIT

STUDENT CONCERNS, COMPLAINTS, AND GRIEVANCES

COMPLAINT FORM

(To be filed with a school administrator or the administrator's immediate supervisor, or a school staff member who will forward this form to the school administrator or the administrator's immediate supervisor)

Additional pages may be attached if more space is needed.

Please print:			
Name		Date	
Address			
Telephone	_ Another phone where	you can be reached	
During the hours of _			
E-mail address			
I wish to complain a	gainst:		
Name of person, scho	ool (department), progra	m, or activity	
Address			
participants, the back	nt by stating the probler ground to the incident, a note all relevant dates, t	and any attempts you	

	who could provide more information in the selephone number (s).	mation regarding this, plea	ase list name(s)
lame	Address	Telephone Nur	<u>mber</u>
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I certify that this information is correct to the best of my knowledge.				
Signature of Complainant	Date Signed			
Administrator or professional staff member receiving initial complaint	Date initial complaint received			

The investigator shall give one (1) copy to the complainant and retain one (1) copy for the file.