Parent and Student Complaint/Grievance Form

Date: ______________________

Date of Incident: ______________________

Type of Incident: ________________________________

School Involved: ________________________________

School Personnel Involved: ________________________________

Describe Incident/Complaint: ________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What have you done about the problem to date? ________________________________

________________________________________________________________________

________________________________________________________________________

What is your suggestion to resolve the problem? ________________________________

________________________________________________________________________

________________________________________________________________________

Name and address of Complainant: ________________________________
(Please print)

Phone Number: ________________________________

Signature of Person Making Complaint: ________________________________

Please use back of form or additional pages if necessary.

Please return this form to:

THE SUPERINTENDENT’S OFFICE

PO Box 609

Sidney, IA 51652