DEXTER CONSOLIDATED SCHOOLS
STUDENT CONCERNS, COMPLAINTS, AND GRIEVANCES

COMPLAINT FORM
(To be filed with the school administrator or the administrator's supervisor, or with a professional staff member who will forward it to the school administrator or the administrator's supervisor)

Please print:

Name _____ Date_____

Address _____

Telephone _____

Best time to be reached _____

Email address _____

I wish to complain against:

Name of person school (department), program, or activity _____

_____

Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places (use back side if more space is needed).

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Date of the action against which you are complaining _____

If there is anyone who could provide more information regarding this, please list name(s), address(es), and telephone number(s).

Name Address Telephone Number

_____

_____

_____

The projected solution

Indicate what you think can and should be done to solve the problem. Be as specific as possible (use back side if more space is needed).

_____

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_____

I certify that this information is correct to the best of my knowledge.

_____ _____

Signature of Student Date

_____ _____

Administrator/Professional Staff Member Receiving Complaint Date Received

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