



Date Received ____/____/____

LEVEL ONE (Principal and/ or Director)

This form must be filled out completely by a student or parent within 15 days of the date the student or parent first knew of the decision or action giving rise to the complaint or grievance;

1. Student's Name _____ Grade _____ Campus _____

2. Parent's Name _____ Daytime Phone _____

3. Date of Incident ____/____/____

Please write a brief description of the incident:

6. Has this incident been reported to anyone else? _____

7. What remedy do you seek to this complaint?

Student/Parent Signature & Date

Received by & Date

Will you have Legal Representation? YES or NO --- If YES List name of representative _____

Please provide the student/parent a copy of this report at filing.