

Parent/Guardian

Parent/Guardian Signature:

Name:

Today's Date:			
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Date_

Home Phone:

PARENT COMPLAINT FORM LEVEL ONE

To file a formal complaint, please fill out this form completely and submit it by hand, fax, or U.S. mail to the appropriate administrator within the timeline established in FNG(LOCAL) All complaints will be heard in accordance with FNG(LEGAL) and (LOCAL) or any exceptions outlined therein.

Address:	Cell Phone:			
Email Address:	Work Phone:			
Name of Child (children):	Grade(s):			
Name of School(s):	School Administrator Contacted:			
INCIDENT/COMPLAINT DESCRIPTION				
Describe the decision/circumstances as it occurred. Be sure to include place, date, time, and names (if possible).				
2. How has the school's actions harmed your child?				
3. What do you feel would be acceptable in an effort to resolve this problem?				
4. Additional Information/Comments to assist in finding a remedy				