

CHADRON PUBLIC SCHOOLS
Parent/Student Complaint Form

Name of Complainant _____

Home Address _____ Phone _____

Grade Level _____ Principal _____

Date Formal Complaint was Presented in Writing _____

Date Complainant Became Aware of the Facts Leading to this Complaint _____

Statement of Complaint Listing all Supporting Facts:

Identification of Attached Relevant Documents (designate number of documents included):

Alleged Violation, Mistreatment, or Improper Application of a District Policy or Handbook Regulation:

Names of All Witnesses Having Information about the Complaint:

Statement of Information Which Witnesses Can Provide:

Resolution Complainant Seeks:

Signature of Complainant _____ Date _____

Signature Acknowledging Receipt of Complaint

Date

Complaint Procedure Timelines

If Applicable, Withdrawal Date from the Process: _____

Specify Level of Withdrawal: _____

Meeting/hearing Date with Teacher or Principal: _____

Response of Teacher or Principal and Date:

Date Appealed to Superintendent (if applicable): _____

Meeting/hearing Date with Superintendent: _____

Response of Superintendent and Date:

Date Appealed to Board of Education (if applicable): _____

Date Board Reviewed Complaint: _____

Date Determination Issued by Board: _____