

Culver School District 4J

Code: **KL-AR(1)**
Adopted: 04/18/06
Revised: 02/10/15; 11/08/17

Public Complaint Form

CONFIDENTIALITY SHALL BE MAINTAINED TO THE FULLEST EXTENT ALLOWED BY LAW

DATE: _____ TO: District Office _____ (School)

Person making complaint _____ Home Phone _____ Work Phone _____

Mailing Address _____ City / State _____ Zip Code _____

Physical Address _____ City / State _____ Zip Code _____

Email address _____ Name of child/student (if applicable) _____

Please list/indicate what steps you have taken to resolve this concern. If you have not attempted to resolve this concern at Level 1, please do so before using this form.

I talked with the teacher/school employee Yes No n/a Date: _____
I talked/met with the principal/supervisor Yes No n/a Date: _____

Nature of Complaint: _____

Who should we talk to and what evidence should we consider?

Suggested Solution/Resolution/Outcome: _____

Signature of Complainant _____ Date: _____

OFFICE USE ONLY	
Disposition of Complaint (attach additional information as necessary): _____	

Signature of Administrator _____	Date _____