



**STAKEHOLDER COMPLAINT FORM**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_

Name of Person against who the complaint is being made: \_\_\_\_\_

Please describe below the allegation(s) and necessary details: (Use a second sheet, if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the remedy or reconciliation sought:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

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**WISH USE ONLY**

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

Administrator this was given to: \_\_\_\_\_

\*Administrator will follow up with complainant and ensure the steps of the complaint procedures are followed

