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: ______

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