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