

JII-EA ©

EXHIBIT

**STUDENT CONCERNS, COMPLAINTS,  
AND GRIEVANCES**

**COMPLAINT FORM**

**(To be filed with a school administrator or the administrator's  
immediate supervisor, or  
a school staff member who will forward this form to the school  
administrator or  
the administrator's immediate supervisor)  
*Additional pages may be attached if more space is needed.***

**Please print:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Another phone where you can be reached \_\_\_\_\_

During the hours of \_\_\_\_\_

E-mail address \_\_\_\_\_

**I wish to complain against:**

Name of person, school (department), program, or activity \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. *Be sure to note all relevant dates, times, and places.*

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If there is anyone who could provide more information regarding this, please list name(s), address(es), and telephone number(s).

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
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**The projected solution**

Indicate what you think can and should be done to solve the problem. Be as specific as possible.

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I certify that this information is correct to the best of my knowledge.

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Signature of Complainant

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Date Signed

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Administrator or professional staff member  
receiving initial complaint

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Date initial complaint received

*The investigator shall give one (1) copy to the complainant and retain one (1) copy for the file.*