

**Parent and Student Complaint/Grievance Form**

Date: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

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

School Personnel Involved: \_\_\_\_\_

Describe Incident/Complaint: \_\_\_\_\_

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

What have you done about the problem to date? \_\_\_\_\_

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

What is your suggestion to resolve the problem? \_\_\_\_\_

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

Name and address of Complainant: \_\_\_\_\_  
(Please print)

Phone Number: \_\_\_\_\_

Signature of Person Making Complaint: \_\_\_\_\_

Please use back of form or additional pages if necessary.

Please return this form to:

THE SUPERINTENDENT'S OFFICE

PO Box 609

Sidney, IA 51652