
Prior to completing this form have you contacted anyone at Central Office or the school in an attempt to resolve your complaint? _____ Yes _____ No

If yes, please provide the name of the person contacted.

Name of contact person: _____

What outcome are you seeking? _____

Complainant Signature: _____

Office Use Only - Student Services Department
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Date Referred: _____ **Referred to:** _____

Notes: _____

Questions to be asked: _____

Director of Student Services Signature: _____