

Send the completed form and supporting documentation to the Principal or Superintendent as outlined in Policy 310

| Last Name:  |  | First Name:  |                 |
|-------------|--|--|-----------------|
| Ad          | lress:   |  |                 |
| Home Phone: |  | Cell Phone:  |                 |
| Em          | ail address:   |  |                 |
| 1.          | What is your major complaint?  |  |                 |
| 2.          | Give the name of the person(s) involve<br>witnesses and a chronological timeline | d in the complaint. Provide details, incl<br>e of events and communications. | luding names of |
| 3.          |  | olve the problem   |                 |
| 4.          |  | plish?   |                 |
|             | Signature:   | Date:  |                 |