

**STUDENT GRIEVANCE COMPLAINT FORM**

Name of complainant: \_\_\_\_\_

Student Name and School: \_\_\_\_\_

Date of complaint: \_\_\_\_\_

Name of alleged person: \_\_\_\_\_

Date and place of incident or incidents: \_\_\_\_\_

\_\_\_\_\_

Description of misconduct (use additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of witnesses (if any): \_\_\_\_\_

\_\_\_\_\_

Evidence of incident, i.e.: letters, photos, etc. (attach evidence if possible)

\_\_\_\_\_

Any other pertinent information: \_\_\_\_\_

\_\_\_\_\_

I agree that all of the information on this form is accurate and true to the best of my knowledge.

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

Return form to: Building Administrator

ADOPTED: 11/13/00  
7/9/07

Reviewed: 7/9/07, 2/3/11, 4/7/16, 5/2/19