

# Parent / Community Complaint form

## *Type of Complaint*

\_\_\_\_\_ Civil Rights                      \_\_\_\_\_ Services  
\_\_\_\_\_ Age                                      \_\_\_\_\_ Denial  
\_\_\_\_\_ Sex                                        \_\_\_\_\_ Exclusion  
\_\_\_\_\_ Race or Color                      \_\_\_\_\_ General Program Operation  
\_\_\_\_\_ National Origin                      \_\_\_\_\_ Disability  
\_\_\_\_\_ Religion

**If your complaint is directed at a particular staff member, please identify them below:**

Name \_\_\_\_\_

Title \_\_\_\_\_

**Date that action occurred that you are referencing in this complaint:**

Time of day \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Explain the situation below:** *(Attach additional page if necessary)*

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Signature of Complainant \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_