

Addendum B: Complaint Form

IDENTIFICATION

Student Name: _____

Parent/Guardian Name: _____

Address: _____

Telephone Number: _____

E-mail: _____

School/Center: _____

INFORMATION ABOUT YOUR COMPLAINT

Date of Complaint: _____

What is the decision you would like reviewed? _____

Author of Decision: _____

Date of Decision: _____

Please describe the context surrounding this decision. Please also describe the steps taken in good faith to try to resolve this problem.

For what reasons are you dissatisfied with the decision and the steps taken to find resolution?

Select an option for investigation purposes:

- I agree that information, which may include my identity or facts which may reveal my identity, be communicated, only as necessary for the investigation of the complaint.

- I do not agree that my identity or facts which may reveal my identity be communicated, in which case I understand that the file may be closed without investigation after possible avenues have been explored (refer to paragraph 1.5 of the Policy).

What is your desired outcome?

Signature: _____ **Date:** _____