



Formal Complaint Form

TO BE COMPLETED BY THE COMPLAINANT:

Name:	Phone:
Address:	City, State, ZIP
Email Address:	Cell Phone:
Student:	Student Date of Birth:
School:	Grade:
Please state the nature of your complaint (attach additional sheets if necessary):	
Please state the resolution requested (attach additional sheets if necessary):	
Signature of Complainant:	Date:
<p>Level I: Administrative Disposition – To be completed by the Dean / Supervisor</p> <p>Date Received: _____ Initials: _____</p> <p>Date Contact: _____ Date of Meeting: _____</p> <p>Action on Complaint:</p> <p>Signature: _____ Date: _____</p>	

*If you wish to request a review of the resolution offered by the **Dean/ Supervisor** you may do so by forwarding this form with a note explaining your reason for disagreement with the decision to **Executive Director**.*

<p>Level II: Administrative Disposition – To be completed by the Executive Director/ Designee</p>	
Date Received: _____	Initials: _____
Action on Complaint:	
<p>Signature: _____ Date: _____</p>	