INDIAN CAPITAL TECHNOLOGY CENTER BOARD OF EDUCATION

FBB-E

STUDENT GRIEVANCE COMPLAINT REPORT FORM

Level 1: Review with the Campus Director:			
Student Name:			
Contact Number:			
Name of Person Complaint is Against:		-	
Nature of Complaint (statement of facts upon wh	nich grievance is base	ed, use additional pa	ges if necessary):
Relief Desired:			
Signature of Person Filing Report:		Date:	
Compliance Coordinator Signature:		Date:	
Note: Compliance Coordinator will inform the O	Campus Director and	forward to the Dist	rict Compliance Officer.
			1
ontion Date: 12/13/12	Revision Date(s):		Page 1 of 3

INDIAN CAPITAL TECHNOLOGY CENTER BOARD OF EDUCATION

FBB-E

STUDENT GRIEVANCE COMPLAINT REPORT FORM

Level 2: Appeal to the Superintendent		
Student Name:		
Contact Number:		
Name of Person Complaint is Against:		
Rationale for Appeal:		
		
Additional Evidence:		
Dalief Davine de		
Relief Desired:		
Signature of Person Filing Report:	Date:	
Compliance Coordinator Signature:	Date:	
Note: Appeal must be submitted within 10 days will be the complaint form, respondent's statement	s of receiving response from Campus Director. At ent, and Campus Director's decision.	tached to the Appeal
doption Date: 12/13/12	Revision Date(s):	Page 2 of 3

INDIAN CAPITAL TECHNOLOGY CENTER BOARD OF EDUCATION

FBB-E

STUDENT GRIEVANCE COMPLAINT REPORT FORM

Level 3: Appeal to the Board of Education		
Student Name:		
Contact Number:		
Name of Person Complaint is Against:		
Rationale for Appeal:		
		_
		_ _
		_ _
		_
Additonal Evidence:		
		_
		_
		_
Relief Desired:		
		_ _
		_ _
Signature of Person Filing Penort	Date:	
	Date:	
	rs of receiving response from Superintendent. Attache	d to the Appeal
	nent, Campus Director's decision, and Superintendent	= =
loption Date: 12/13/12	Revision Date(s):	Page 3 of 3