

**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 which grievance is based, use additional pages if necessary):

Relief Desired:

Signature of Person Filing Report: _____ Date: _____

Compliance Coordinator Signature: _____ Date: _____

Note: Compliance Coordinator will inform the Campus Director and forward to the District Compliance Officer.

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Level 2: Appeal to the Superintendent

Student Name: _____

Contact Number: _____

Name of Person Complaint is Against: _____

Rationale for Appeal:

Additional Evidence:

Relief Desired:

Signature of Person Filing Report: _____ Date: _____

Compliance Coordinator Signature: _____ Date: _____

Note: Appeal must be submitted within 10 days of receiving response from Campus Director. Attached to the Appeal will be the complaint form, respondent's statement, and Campus Director's decision.

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Level 3: Appeal to the Board of Education

Student Name: _____

Contact Number: _____

Name of Person Complaint is Against: _____

Rationale for Appeal:

Additional Evidence:

Relief Desired:

Signature of Person Filing Report: _____ Date: _____

Compliance Coordinator Signature: _____ Date: _____

Note: Appeal must be submitted within 10 days of receiving response from Superintendent. Attached to the Appeal will be the complaint form, respondent's statement, Campus Director's decision, and Superintendent's decision.