

WELLSBORO AREA SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

TITLE: STUDENT COMPLAINT FORM

ADOPTED:

REVISED:

PARENT / STUDENT'S COMPLAINT FORM LEVEL THREE (School Board Secretary)

This form must be filled out completely by a student or parent appealing a Level One decision to the Superintendent or designee.

1. Student's Name _____ Grade _____
Building _____

2. Parent's Name _____ Daytime Phone _____

3. Date of Incident _____

4. Please write a brief description of the incident.

5. Has this incident been reported to anyone else? _____
Name & Position

6. What remedy do you seek to this complaint?

7. Attach a copy of your original Level One and Level Two complaint.

8. Attach a copy of your Level One decision.

Student/Parent Signature _____

Date _____

Received by:

_____ Date _____

Please provide the student/parent a copy of this report at filing

- Pg