



Public Charter High School

Formal Complaint Form

TO BE COMPLETED BY THE COMPLAINANT:

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| 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: |
| Level I: Administrative Disposition – To be completed by the Administrator / Supervisor Date Received: _____ Initials: _____ Date Contact: _____ Date of Meeting: _____ Action on Complaint: Signature: _____ Date: _____ | |

If you wish to request a review of the resolution offered by the administrator/supervisor, you may do so by forwarding this form with a note explaining your reason for disagreement with the decision to Thurgood Marshall Academy: attn. Executive Director.

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