

STUDENT/PARENT/GENERAL PUBLIC COMPLAINT FORM

LEVEL ONE

To file a formal complaint, please fill out this form completely and submit it by hand delivery, fax, e-mail or U.S. mail to the appropriate administrator within the time established in [FNG\(LOCAL\)](#) and [GF\(LOCAL\)](#). All complaints will be heard in accordance with [FNG\(LEGAL\)](#) and [\(LOCAL\)](#) and [GF\(LEGAL\)](#) and [\(LOCAL\)](#) or any exceptions outlined therein.

1. Name: _____

2. Address: _____

Telephone number: _____

3. Campus: _____

4. If you will be represented in voicing your complaint, please identify the person representing you.

Name: _____

Address: _____

Telephone number _____

5. Please describe the decision or circumstances causing your complaint (give specific factual details).

6. What was the date of the decision or circumstances causing your complaint?

7. Please explain how you have been harmed by this decision or circumstance.

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8. Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts.

With whom did you communicate? _____

On what date? _____

9. Please describe the specific outcome or remedy you seek for this complaint.

Signature: _____

Date of filing _____