

**Douglas Education
Service District**

Code: **KL-AR**
Revised/Reviewed: 12/09/10; 6/11/15; 3/10/16
Orig. Code(s): 12100

Staff/Student/Parent Relations Concern/Complaint Form

Name of complainant: _____

Telephone Number: _____ Email: _____

Name of student: _____

Date of concern/complaint: _____

Description of concern/complaint: _____

Who should we talk to and what evidence should we consider? _____

Suggested solution/resolution/outcome: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature

Date

Office Use:

Disposition of Complaint: _____

Signature: _____

Date: _____

cc: ESD office