

LEVEL ONE FORM:

PARENT / STUDENT'S INQUIRY/CONCERN/COMPLAINT FORM

Please email this form to jgosch@gma.k12.in.us

(Required before Level Two Form can be sent)

This form must be filled out completely by a student or parent within 15 days of the date the student or parent first knew of the decision or action giving rise to the concern, inquiry, complaint or grievance.

CONTACT INFO	
Parent Name	
Parent Email	
Parent Phone	
Impacted Student Name(s)	
Impact Student Grade(s)	
DETAILS	
Date of Incident(s) or Concerning Behavior	
Brief Description of the Incident	
Has this been reported to anyone else?	
If so, to whom?	
What remedies do you seek?	

_____ Date _____ Student/Parent Signature

_____ Date _____ Received by