**LEVEL ONE FORM:**

**PARENT / STUDENT’S INQUIRY/CONCERN/COMPLAINT FORM**

**SENT TO EXECUTIVE DIRECTOR**

***(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