

WEST CENTRAL SCHOOLS #49-7
COMPLAINT RESOLUTION FORM

Name of Complainant: _____

Address: _____

Phone: _____

Please complete the following information and respond to all questions. Attach additional pages if necessary.

Please state or describe your concerns, being as specific as possible as to times, events, people involved, etc:

Please list or describe the action that you feel is necessary or required to resolve this situation:

Signature Date

Adopted 12-12-88
Amended 8-23-93