



**INSTRUCTIONS:** Complete sections I and II of this form when filing a formal complaint. Within three (3) work days after filing the complaint with the principal/supervisor, you will be contacted to set up a meeting to discuss the complaint. For more information, call Community Relations at 527-5946. Reference: *Policy KA – Public Inquires and Complaints*.

**Part I – COMPLAINANT INFORMATION** (to be completed by Complainant)

Complainant \_\_\_\_\_ Phone #: \_\_\_\_\_

Complainant Address \_\_\_\_\_ Alternate #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date, time and location where incident occurred \_\_\_\_\_

Witness \_\_\_\_\_ Witness \_\_\_\_\_

Student Name (if applicable) \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Yes  No Prior to filing this Formal Complaint, I have discussed my complaint/concern with the principal/supervisor through an informal complaint process. If yes, describe the informal process \_\_\_\_\_

If no, explain why \_\_\_\_\_

**Part II – INCIDENT INFORMATION** (to be completed by Complainant)

Describe the incident(s) as clearly as possible, including such details as any verbal statements (i.e. threats, requests, demands); etc (attach *Form JICF-E3 - Addendum to LCPS Forms* as necessary).

Action Requested \_\_\_\_\_

I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Complainant \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Received by



# Formal Complaint from the Public (continued)

### Part III – FACILITATION BY DEPARTMENT OF COMMUNITY RELATIONS (to be completed by Director of Community Relations)

A copy of the complaint was forwarded to the Principal/Administrator on \_\_\_\_\_.

Date and location of scheduled meeting: \_\_\_\_\_

Individuals contacted to attend meeting \_\_\_\_\_

\_\_\_\_\_

Yes  No Principal/Supervisor or Complainant will bring legal counsel to meetings.  Other participants contacted

### Part IV – MEETING INFORMATION (to be completed by Principal/Administrator)

Date and location of scheduled meeting: \_\_\_\_\_

List participants \_\_\_\_\_

\_\_\_\_\_

Others, please explain \_\_\_\_\_

Action on Complaint \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the final resolution or the next step(s) to a resolution: (attach *Form JICF-E3 - Addendum to LCPS Forms* as necessary).

Yes  No Additional Meeting Date and location of next meeting: \_\_\_\_\_

Individuals to contact for next meeting \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Complainant \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Principal/Supervisor

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Director of Community Relations