

# WYOMING AREA



# SCHOOL DISTRICT

WYOMING AREA SCHOOL DISTRICT  
252 MEMORIAL STREET  
Exeter, Pennsylvania 18643  
Telephone: (570) 655-2836 / FAX: (570) 602-00987

DR. JON POLLARD  
SUPERINTENDENT

## **Title I COMPLAINT PROCEDURES**

School districts receiving Title I funding are required by the Pennsylvania Department of Education Division of Federal Programs to have a written procedure in place for public school administrators and parents to file a complaint against the school district with regard to Title I services that may be provided to a public school. Following are the steps that should be followed in the event that a complaint with regard to services should arise.

Step 1: If you have a concern regarding the educational services provided to the eligible students at your school, you should first contact David Pacchioni, Director of Curriculum at (570) 655-2146 or by email at [dpacchioni@wyomingarea.org](mailto:dpacchioni@wyomingarea.org)  
(The attached Public Schools Complaint Form may be completed and also be sent as a next step)

Step 2: If no satisfactory resolution is agreed upon after communication with Mr. Pacchioni, please contact Dr. Jon Pollard, Superintendent of the Wyoming Area School District at (570) 655-2836 or by email at [jpollard@wyomingarea.org](mailto:jpollard@wyomingarea.org).  
(Please complete the attached Public Schools Complaint Form and submit it for his review.)

Step 3: If no satisfactory resolution is agreed upon after communication with Dr. White, you have a right to appeal to the Pennsylvania Department of Education. You should address your appeal to the following address and include a copy of this form and all resolution attempts to date:

Susan McCrone  
Chief, Division of Federal Programs  
Pennsylvania Department of Education  
333 Market Street, 7th Floor  
Harrisburg, PA 17126-0333 (717)783-9161

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## **Title I Program Complaint Form**

Date submitted: \_\_\_\_\_

Name of Person Submitting \_\_\_\_\_

(This information is optional, but it is required if a personal response is requested.)

Name of School \_\_\_\_\_

Contact Information:

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

I am a (check one):

Parent/family member of Title I student this public school

Administrator at this public school

Staff member at this public school

Student at this public school

Other (specify) \_\_\_\_\_

Please state the nature of your complaint below and attach additional pages if needed. Please provide names, dates and other supporting information as appropriate. Be as specific as possible. If you have taken any steps to resolve your issue at your local school, please describe them and the outcome of your efforts. Please include your suggestion for a solution.