

**GENEVA CITY SCHOOLS  
Curriculum Complaint Form**

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

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**Description of Complaint: (Use the back of this form if necessary)**

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**Description of Desired Outcome: (Use the back of this form if necessary)**

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**\*\*\* Please return this form to the school office where the complaint originated. \*\*\***