



# STUDENT COMPLAINT FORM

Please complete the form below and return to the Director in the administration building

|                      |  |
|----------------------|--|
| Date Event Occurred  |  |
| Student's First Name |  |
| Students' Last Name  |  |
| Student's ID #       |  |

## Student Contact Information

|  |  |
|--|--|
| Street Address                                       |  |
| City   |  |
| State  |  |
| Zip Code   |  |
| Phone  |  |
| Email Address  |  |
| When Addressing my concern (choose one option below) |  |
| <input type="checkbox"/>                             | You may use my name.                                   |
| <input type="checkbox"/>                             | You may not use my name.                               |
| <input type="checkbox"/>                             | You may use my name only after the end of the program. |

## Course Information

|                    |  |
|--------------------|--|
| Course Name        |  |
| Course Number      |  |
| Name of Instructor |  |



# STUDENT COMPLAINT FORM

## Identify the Category of Your Complaint (check all that applies).

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Service  | Building                 | Individual               | Coursework               | Other                    |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Describe the issue or concern in detail. (Be specific regarding who, what, when, and where). |                          |                          |                          |                          |
|  |                          |                          |                          |                          |
| Have you discussed this issue with the instructor or another staff member?                   | Yes                      |                          | No                       |                          |
|  | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |
| If yes, describe the outcome of this discussion below.                                       |                          |                          |                          |                          |
|  |                          |                          |                          |                          |
| Today's Date   |                          |                          |                          |                          |

Response provided within 10 school days.

Copy-Student Records

Copy- Administrative Secretary



Washington County School District  
**GRIEVANCE FORM FOR STUDENTS**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

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

**STATEMENT OF COMPLAINT:**

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
Signature of student filing complaint

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent (if student is under 18)

\_\_\_\_\_  
Date