

Family Grievance Form

You can print and complete or electronically complete the highlighted sections

Family Information

Full Name (First and Last):

Phone Number:

E-mail:

Alternate Contact Info:

Grievance

Name(s) of staff, student(s) or family member(s) involved in grievance:

Please describe your grievance. Be as detailed as possible; include relevant dates, times, and locations, as well as information about the incident, background, participants, allegations, policy or contract breached, discrimination, etc.

What steps did you take to resolve the conflict? For example, did you request a meeting with the involved staff or family member(s)? If so, please share who was present, how it went, and the date and time the meeting took place.

Suggested Solution

Describe what you think should be done to solve the problem. Please be specific.

I hereby certify that, to the best of my knowledge, the information provided in this form is true and accurate.

Signature:

Date: