

Auburn City Schools Student Grievance Complaint Form

Auburn City Schools seeks to remedy all situations which can adversely affect the learning and working environment of our schools and students. So that we may properly investigate your concern, you are requested to fill out this form as completely as possible and submit it to the ACS Assistant Superintendent. Please use additional sheets of paper where needed. After a prompt and thorough investigation into your complaint, you will be notified of ACS intended action. Should you have questions about this form or process, please contact the Assistant Superintendent of Curriculum. Thank you.

Student's Name: (Print Name) _____

Parent's Name: (Print Name) _____ *Phone :* _____

Date: _____ *School:* _____

Grade: _____ *Teacher:* _____

Is Your Principal aware of this concern: _____

Please describe in as much detail as possible the nature of your complaint. Please provide or identify all persons, documents and witness to your concerns: _____

Please explain how the actions you complain about have affected your ability to perform as a student?

Please provide any additional comments you wish for ACS to consider when investigating your complaint:

Please describe any positive resolutions which you believe can help resolve your complaint:

I declare that the facts set forth in this complaint form are true and accurate pursuant to the best of my ability.

Signature of Student or Parent _____

<p><i>Received by Assist Supt of Curriculum:</i> _____ <i>Date:</i> _____</p> <p><i>Action Taken:</i> _____</p> <p>_____</p>
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