

Parent/Guardian Grievance Form

Parent Information

Name: _____

Phone: _____

Alternate phone: _____

E-mail: _____

Grievance

Name(s) of staff member(s) or parent(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 consultation with the involved staff member(s) or parent(s)? If so, please share who was present at the consultation, how it went, and the date and time the consultation took place.

Suggested Solution

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

"I certify that this information is correct to the best of knowledge."

Parent Signature: _____ Date: _____