

# ALLENTOWN SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED:

REVISED:

## 906-AR-0. REPORT FORM FOR PUBLIC COMPLAINTS

*Please return the completed form to the district administration office.*

Complainant's Name: \_\_\_\_\_

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

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

- Complainant is:  parent/guardian  
 district resident  
 community group (specify): \_\_\_\_\_  
 organization (specify): \_\_\_\_\_  
 other (specify): \_\_\_\_\_

*Attach additional page(s) if necessary for any question that may require a lengthy response.*

### For General Complaints

What is your complaint? Please include the specific nature of the complaint, a brief statement of relevant facts, and how you have been affected adversely. Use full names, dates and exact occurrences, including witnesses, if appropriate:

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What action are you requesting that the district consider? \_\_\_\_\_

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For Complaints Related to a Federal Program

Is your complaint related to an alleged violation in the district's administration of a federally-funded program?  Yes  No

If yes, identify any facts supporting the alleged violation and supporting documentation, such as information on discussions, correspondence or meetings with district staff regarding the complaint:

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What resolution are you requesting that the district consider? \_\_\_\_\_

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I verify that the information I have provided in this complaint is true and correct to the best of my knowledge and belief. I understand that any false information provided herein is subject to the penalties contained in 18 Pa. C.S.A. Sec. 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date

**The Board reserves the right to defer and redirect complaints that have not been explored to the appropriate administrative level(s).**