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:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

What action are you requesting that the district consider? ____________________________
________________________________________________________________________________
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:

____________________________________________________

____________________________________________________

____________________________________________________

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).