

Attachment F

GRIEVANCE FORM: (please copy for use)

Name: _____ Phone: _____

I have read C2E's policies and procedures that relate to Complaints and Conflict Resolution and agree to abide by them.

Date Signature

School Policy or Procedure allegedly violated:

Date of alleged violation: _____

Briefly describe the alleged violation: _____

List dates of communication (email, phone, in person) with teacher, Assistant Principal, and Principal:

I certify that the information that I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

Complainant Signature

Received by: _____ Date: _____