# **Richmond School District Policy Statement Equal Educational Opportunities**

## **Richmond School District Complaint Form**

| Name of person/organizatio<br>Contact information Phon |        |                   |
|--|--------|-------------------|
| Status of person filing complaint                      |        |                   |
| Student  | Parent | Employee Other    |
| Parties Involved:                                      |        | Date of Incident: |
| Statement of complaint (include specific incident(s)): |        |                   |
| What steps should be taken to resolve this concern?    |        |                   |
|  |        |                   |

## Signature of Complainant

Date of complaint filed

#### Signature of person receiving complaint

**Date Received** 

Submit all copies to the principal or his/her secretary. The person receiving the complaint will sign and date the complaint. One copy will be returned to the complainant, and one copy will be sent to the complaint investigator. The principal will respond to the complaint within ten (10) school days.

#### **Resolution:**