

# WELLSBORO AREA SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

TITLE: STUDENT COMPLAINT FORM

ADOPTED:

REVISED:

## PARENT / STUDENT'S COMPLAINT FORM LEVEL TWO (Superintendent)

This form must be filled out completely by a student or parent appealing a Level One decision to the Superintendent or designee.

1. Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Building \_\_\_\_\_

2. Parent's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

3. Date of Incident \_\_\_\_\_

4. Please write a brief description of the incident.

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5. Has this incident been reported to anyone else? \_\_\_\_\_  
Name & Position

6. What remedy do you seek to this complaint?

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7. Attach a copy of your original Level One complaint.

8. Attach a copy of your Level One decision.

Student/Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Received by:

\_\_\_\_\_ Date \_\_\_\_\_

**Please provide the student/parent a copy of this report at filing**