



Name:	Phone:
Address:	City, State, ZIP
Email Address:	Cell Phone:
Student:	Student Date of Birth:
School:	Grade:
Please state the nature of your complaint (attach additional sheets if necessary):	
Please state the resolution requested (attach additional sheets if necessary):	
Signature of Complainant:	Date:
Level I: Administrative Disposition – To be completed by the Dean / Supervisor	
Date Received: _____	Initials: _____
Date Contact: _____	Date of Meeting: _____
Action on Complaint:	
Signature: _____	Date: _____
<i>If you wish to request a review of the resolution offered by the Dean/ Supervisor you may do so by forwarding this form with a note explaining your reason for disagreement with the decision to the Head of School.</i>	
Level II: Administrative Disposition – To be completed by the Head of School/ Designee	
Date Received: _____	Initials: _____
Action on Complaint:	
Signature: _____	Date: _____