

**Brownsville Area School District
Complaint Form**



Person Filing Complaint: _____

Date of Original Complaint: _____

Person/Incident/Subject of Complaint: _____

Incident leading to Complaint (Use separate sheet, if necessary)

Has the Complainant followed procedure and reported the incident to the teacher and principal:

Has any action been taken regarding your complaint?

What resolution are you seeking?

Date of Receipt by Teacher: _____ Signature: _____
Resolved: Yes _____ No _____

Date of Receipt by Principal: _____ Signature: _____
Resolved: Yes _____ No _____

Date of Receipt by Superintendent _____ Signature: _____
Resolved: Yes _____ No _____