

MASCENIC REGIONAL SCHOOL DISTRICT

PUBLIC CONCERNS / COMPLAINTS ABOUT SCHOOL PERSONNEL

PUBLIC COMPLAINTS ABOUT SCHOOL PERSONNEL.

This form or a typed document containing all the requested information should be submitted to the office of the superintendent.

Date: _____

Name: _____
(Print) (Signature)

Address: _____

Telephone: (Day) _____ (Cell) _____

E-Mail Address: _____

Parent/Guardian of Student in District? Yes _____ No _____

Student Name: _____

Other relationship to the District or the person about whom you have a concern or complaint: _____

Name and title/position of person(s) about whom you have a concern or complaint: _____

Name of administrator assigned to respond to the complaint: _____

Date of assigned administrator's written response: _____

Explanation of why you are not satisfied with the assigned administrator's response. Please be factual and specific as possible. Use additional paper if necessary.

Received by: _____ Date: _____