

**LCSD / Sand Ridge Charter School**

**COMPLAINT FORM**

TO:  District Office  \_\_\_\_\_ (Name of School)

Person Making Complaint \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

Nature of Complaint

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Who should we talk to and what evidence should we consider?

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Suggested solution/resolution/outcome:

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Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use: Disposition of Complaint: _____  _____  Signature: _____ Date: _____
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c: District Office