

Charlottesville City Schools Complaint Form

Part 1: To be completed by the complainant (please print).

Name _____ Phone: Work _____

Home _____

Address _____

Street

City

State

Zip

E-Mail Address _____

• Who or what is your complaint against?
Employee/School/Department? _____

• With whom have you communicated regarding this matter?

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

• Description of Complaint: Please include all important information such as location, names, dates, who was present, and to whom the matter was reported. Try to be as specific and as objective as possible. Use additional paper as necessary.

• Describe any steps you have taken to try to resolve the matter.

• What remedy or action do you suggest to resolve the situation?

• What outcome do you seek?

Signature _____ Date _____

Please return this form to the supervisor of the person included in the complaint. If the complaint cannot be resolved at the school or department level, it may be forwarded to the Superintendent.