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.