

SCHOOL DISTRICT OF NEW LONDON
FORMAL WRITTEN COMPLAINT

*When completing this form, please refer to one of the following policies:
Policy/Procedure 411, Equal Educational Opportunities/Complaint Procedures
Policy/Procedure 511, Equal Employment Opportunities/Complaint Procedures
Policy/Procedure 870, Public Complaints*

Name: _____ **Date:** _____

Address: _____

Home Phone No: _____ **School or Work Phone No:** _____

Status of Person Making the Complaint:
 Student Parent Employee Citizen

Complaint is Regarding:

<input type="checkbox"/> Professional Staff Member	<input type="checkbox"/> Educational Program
<input type="checkbox"/> Administrative Staff Member	<input type="checkbox"/> Harassment
<input type="checkbox"/> District Administrator	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Support Staff Member	<input type="checkbox"/> Discrimination
<input type="checkbox"/> District Svcs or Operations	<input type="checkbox"/> Other: _____

Name(s) of individual(s) against whom this allegation is being made: _____

Describe the allegation: _____

How has the complainant (or the child of the complainant) been affected adversely? _____

What corrective action is the complainant requesting? _____

Who has the complainant discussed this matter with and what was the outcome?

Who is the complainant requesting a conference with? _____

Date Complaint Filed: _____

Signature of Complainant

Date of Complaint Received: _____

Signature of Person Receiving Complaint