

**SCHOOL DISTRICT OF NEW LONDON**  
**FORMAL WRITTEN COMPLAINT**

*When completing this form, please refer to one of the following policies:  
Policy 411, Equal Educational Opportunities/Complaint Procedures  
Policy 511, Equal Employment Opportunities/Complaint Procedures  
Policy 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"/> Harassment        |
| <input type="checkbox"/> Administrative Staff Member | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> District Administrator      | <input type="checkbox"/> Discrimination    |
| <input type="checkbox"/> Support Staff Member        | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> District Svcs or Operations |  |
| <input type="checkbox"/> Educational Program         |  |

**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?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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**Who is the complainant requesting a conference with?** \_\_\_\_\_

**Date Complaint Filed:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Complainant**

**Date of Complaint Received:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Person Receiving Complaint**