_____ Academy Complaint/Grievance Form

Name:	Phone #:
Address:	
Is the complaint/grievance made employee student pare	e by a/an: (circle one) nt community member
Is the complaint being made on employee student	behalf of a/an: (circle one)
At what level is the complaint b	eing made: (check one)
Level I – School Adm	inistration
Level II – Superintend Has a Level I hearing	lent (or Designee) taken place: (circle one) Yes No Date:
Level III – School Bo Has a Level II hearing	ard g taken place: (circle one) Yes No Date:
State complaint/grievance (be sp	pecific as to the individual harm alleged):
What do you expect the outcome	e of the hearing to be (suggested resolution):
For Administrative Use Only:	
Hearing not approved: Reason:	
Hearing approved: Date:	Place: