

<p><b>ISSAQUAH SCHOOL DISTRICT #411</b>          565 NW Holly Street          Issaquah, Washington 98027</p> <p><b>Parent/Community Member <i>Complaint</i> Form</b></p>
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Student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Principal/Supervisor \_\_\_\_\_ School/Dept. \_\_\_\_\_

Parent(s)/Community Member \_\_\_\_\_

Parent's address \_\_\_\_\_

Home telephone (\_\_\_\_) \_\_\_\_\_ Work telephone (\_\_\_\_) \_\_\_\_\_

**Incident or Practice**

Date \_\_\_\_\_ Time \_\_\_\_\_

Place \_\_\_\_\_

Complaint against \_\_\_\_\_

Description of incident or practice \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness \_\_\_\_\_ Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Witness \_\_\_\_\_ Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

How have you attempted to resolve the concern with the individual employee involved and what was the result? \_\_\_\_\_

\_\_\_\_\_

*Additional information may be attached.*

Parent(s) signature \_\_\_\_\_

Date \_\_\_\_\_