

MADISON CONSOLIDATED SCHOOLS

PARENT COMPLAINT FORM

Date: _____

Time: _____

Student(s) Name: _____ **School:** _____

Grade: _____ **Person Filing Complaint:** _____ **Relationship:** _____

Phone: _____

Person Receiving Complaint: _____

General Complaint:

Person(s) spoken to prior to calling the Adm. Bldg. (Name and Title): _____

How would complainant like to see the problem resolved?

NOTE:

Follow-up:

Resolution:

Date resolved: _____ **Resolved by:** _____