

**Richmond School District Policy Statement  
Equal Educational Opportunities**

**Policy #: 411  
Administrative Procedure**

**Richmond School District Complaint Form**

<b>Name of person/organization filing the complaint:</b>			
<b>Contact information</b> Phone Home: _____	Cell: _____		
<b>Status of person filing complaint</b>			
Student	Parent	Employee	Other _____
<b>Parties Involved:</b>	<b>Date of Incident:</b>		
<b>Statement of complaint (include specific incident(s)):</b>			
<b>What steps should be taken to resolve this concern?</b>			

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

**Date of complaint filed**  
\_\_\_\_\_

**Signature of person receiving complaint**  
\_\_\_\_\_

**Date Received**  
\_\_\_\_\_

Submit all copies to ~~the Pprincipal District Administrator~~ or his/her secretary. The person receiving the complaint will sign and date the complaint. One copy will be returned to the complainant, and one copy will be sent to the complaint investigator. The ~~principal district~~ will respond to the complaint within ten (10) school days.

**Resolution:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_