

St. Vrain Valley School District RE-1J
Longmont, Colorado

COMPLAINT FORM

This form should be used to document policy or practice violations and challenges or objections to teaching methods, activities and presentations.

Name of Complainant: _____

Address: _____

Daytime Phone: _____

School/Teacher Involved: _____

Date of Alleged Violation or Concern: _____

Board policy or administrative practice that was violated: _____

Teaching method, activity or presentation of concern: _____

Briefly describe the alleged violation or teaching method, activity or presentation of concern: _____

Requested remedy: _____

I certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

Complainant Signature

Date

Received By

Date