



Griffin-Spalding County School System

Complaint Form

Tracking Number: _____

Date of Complaint: _____

Student Name: _____

IMPORTANT - Please read the following note before continuing:

This form should be completed if the nature of your complaint makes it inappropriate for you to approach the originator of the action or their superior.

Contact Information

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Cell: _____

Email Address: _____

Student Information

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Complaint

Prior to completing this form have you contacted anyone at Central Office or the school in an attempt to resolve your complaint? _____ Yes _____ No

If yes, please provide the name of person contacted.

Name of contact person: _____

What outcome are you seeking? _____

Complainant Signature: _____

Office Use Only - Student Services Department
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Date Referred: _____ **Referred to:** _____

Notes: _____

Questions to be asked: _____

Director of Student Services Signature: _____