

WASHINGTON SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

818-AR-0. REPORT FORM FOR PUBLIC COMPLAINTS

Please return the completed form to the District administration office.

Complainant's Name: _____

Address: _____

Phone Number: _____

Complainant is: ☐ parent/guardian
☐ District resident
☐ community group (specify): _____
☐ organization (specify): _____
☐ other (specify): _____

Attach additional page(s) if necessary for any question that may require a lengthy response.

For General Complaints

What is your complaint? Please include the specific nature of the complaint, a brief statement of relevant facts, and how you have been affected adversely. Use full names, dates and exact occurrences, including witnesses, if appropriate:

What action are you requesting that the District consider? _____

For Complaints Related to a Federal Program

Is your complaint related to an alleged violation in the District's administration of a federally-funded program? ☐ Yes ☐ No

If yes, identify any facts supporting the alleged violation and supporting documentation, such as information on discussions, correspondence or meetings with District staff regarding the complaint:

What resolution are you requesting that the District consider? _____

I verify that the information I have provided in this complaint is true and correct to the best of my knowledge and belief. I understand that any false information provided herein is subject to the penalties contained in 18 Pa. C.S.A. Sec. 4904, relating to unsworn falsification to authorities.

Complainant's Signature

Date

Received By

Date

The Board reserves the right to defer and redirect complaints that have not been explored to the appropriate administrative level(s).
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