

LIDGERWOOD PUBLIC SCHOOL DISTRICT  
PARENT COMPLAINT FORM  
PERSONNEL COMPLAINT

Date

Your Name

Student's Name

Place where you may be reached

Address

Phone

Name of Employee about whom you are complaining \_\_\_\_\_

Date of Incident \_\_\_\_\_

Briefly describe the incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What remedy do you seek \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent \_\_\_\_\_

Signature of Administrator receiving complaint \_\_\_\_\_  
(If the complaint concerns the Superintendent, the Board President will receive the complaint)