Complaints must be submitted within the timeline and in manner established in the Student Handbook and must be submitted on this form.

*Note: Additional documents and materials may be provided at the time of submitting this document and your first complaint conference, but your complaint, as well as the requested relief and outcome, cannot be expanded or added to after the complaint submission deadline.*

Parent/Guardian Name:

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Email and Phone:

If you are being represented, please provide that person’s name, title, address, email, and phone:

*Note: you must provide three-day advance notice if you will have an attorney/advocate during your complaint conference. Your complaint conference may be delayed or reset to a later time or date if you do not provide this advance notice.*

Describe the complained of events (use additional pages as necessary):

Where and when did the complained of events occur, and how many times have they occurred?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of witnesses:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there documents, photos, videos, social media, text messages, etc. that are related to or that show the complained of events? If so, describe and provide copies if possible. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously reported/attempted to report the complained of events to a KIPP employee? If so, please describe and identify to whom you have reported.

\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What relief or outcome are you requesting in response to your complaint?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you submitting additional documents and materials with this form?

□ Yes □ No

*Keep a copy of this completed form and any additional documents and materials.*

Your signature: Your title (or “self”):

Date signed:

***Do not write below this line. KIPP use only.***

*Date received:*

*Received by, title:*

*Additional documents and materials received with form?*