

STUDENT COMPLAINT FORM

Complaint #: _____ Campus: _____

Session	Program	Name of Person Complaining	Date Filed

Step I.

A. Date cause of complaint occurred: _____

B. 1. Statement of complaint: _____

2. Relief sought: _____

Print name

Student Signature

Date

C. Conference request: Yes No

D. Disposition by the Principal or supervisor: _____

Print name

Signature

Date

NOTE: If additional space is needed in reporting any sections, attach additional sheets.

E. Position of grievant and/or association: _____

Print name

Signature

Date

Step II.

A. Disposition by the Administrative Director (or Title IX/Section 504 Coordinator):

Printed Name

Signature

Date

B. Position of the grievant and/or association: _____

Print name

Signature

Date

Step III.

A. Disposition by Superintendent of Record:

Print name

Signature

Date

B. Position of the grievant/and or association:

Print name

Signature

Date

Step IV.

A. Disposition of the Joint Operating Committee:

Print name

Signature

Date

B. Position of the grievant and/or association:

Print name

Signature

Date

This form, once completed, must be forwarded to the Berks Career and Technology Center's Administrative Director's office to be filed.