

# Parent / Student's Complaint Form

## Level Two (Executive Director)

This form must be filled out completely by a student or parent appealing a Level One decision to the Advisor within 15 days of the date of the decision or action by the Advisor regarding the complaint or grievance. **Please mail your form to CWCS, 12420 Bentley Street, Waterford, CA 95386, attention Sherri Nelson.**

1. Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ ES: \_\_\_\_\_

2. Parent's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

3. Date of Incident: \_\_\_\_\_

4. Please write a brief description of the incident: \_\_\_\_\_

5. Has this incident been reported to anyone else?

Name & Position \_\_\_\_\_

6. What remedy do you seek to this complaint? \_\_\_\_\_

7. Attach a copy of your original Level One complaint.

8. Attach a copy of your Level One decision.

Student /Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_