

SCHOOL DISTRICT OF CITRUS COUNTY
1007 West Main Street, Inverness, Florida 34450
(352) 726-1931

COMPLAINT RESOLUTION PROCEDURE FORM
LEVEL 3

Level 3 Complaint Form may be completed by the complainant following the completion of Level 2 of the Complaint Resolution Procedure.

LEVEL 3 COMPLAINT

1. Complainant's Name: _____ Address _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Home _____ Work _____

2. Person who allegedly injured or treated you unfairly (if challenging a policy or rule go to #3):

Name: _____ Title or Position: _____

Location: _____

3. Name the rule, policy, procedure: _____ Policy number (if known): _____

4. Date alleged violation took place: _____

5. Describe your complaint. Use a separate sheet if needed and attach to this form.

6. Name of District Administrator with whom complaint will be filed: _____

7. Complainant's signature: _____ Date filed: _____

8. Parent/Guardian signature: (If complainant is under 18) _____ Date: _____

FOR OFFICE USE ONLY:

9. District Administrator receiving complaint: _____

I hereby acknowledge that a Level 3 complaint has been filed: (Signature of person receiving complaint)

Signature: _____ Date: _____

10. Signature of District Administrator rendering decision: _____

11. Date of written response to complaint: _____

The District Administrator responding to above complaint shall attach a copy of the written response to this form.