

CLOVER PARK SCHOOL DISTRICT

Form 4220-F1

Complaints Concerning Staff or Programs

1) Please explain your concern or complaint:

2) Please describe the resolution you are seeking:

3) Please indicate the individuals in which you have previously addressed your concern:

- Teacher(s) _____, _____, _____
- Counselor _____ Assistant Principal _____
- Principal _____ District Level Administrator _____
- Asst./Deputy Superintendent _____
- Superintendent _____

Name:	Email Address: Home ☎: Work ☎: Mobile ☎:
Address:	City, State, Zip:
Signature:	Date: