

# Elizabethton City Schools Parental Complaint Form

DATE \_\_\_\_\_ TIME \_\_\_\_\_

1. Person lodging complaint \_\_\_\_\_

2. Person complaining about \_\_\_\_\_

3. School \_\_\_\_\_

4. Child's Name \_\_\_\_\_

5. Nature of Complaint \_\_\_\_\_

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

6. Talked to Principal \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Talked to teacher \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Follow-up required \_\_\_\_\_ Yes \_\_\_\_\_ No

Telephone Number \_\_\_\_\_

9. Other relevant information \_\_\_\_\_

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

**SIGNATURE OF PERSON RECORDING ABOVE INFORMATION:**

\_\_\_\_\_