

West Central School District 49-7

WEST CENTRAL SCHOOLS #49-7
FEDERAL PROGRAMS COMPLAINT FORM

Name of Complainant: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

STATEMENT OF COMPLAINT:

State that the West Central School District #49-7 has violated a requirement of a Federal statute or regulation that applies to a particular program in the West Central School District. Include a citation to the Federal statute or regulation. *(Use additional pages as needed.)*

State all facts, dates, witnesses, and attach all documents you believe support your Statement of Complaint. *(Use additional pages as needed.)*

Please list the names, addresses and phone numbers of other individuals who can provide additional information about this situation: *(Use additional pages as needed.)*

Has a complaint been filed with any other government agency about this situation? If so, provide the name of the agency.

Signature of Complainant *(If a group complaint, use additional pages as needed.)*

Date

Mail this fully executed form to:

Office of the Superintendent
West Central School District
PO Box 730
Hartford, SD 57033-0730

Policy:

Adopted: 5/9/11