LANCASTER PRESCHOOL

Parent Complaint Form

DATE:_____

Please fill out this form completely and return it to the Lancaster Preschool Director. All complaints will be reviewed by the Director with support from the School Board, as necessary.

Have you expressed concerns to the appropriate School Staff Member prior to completing this form? If yes, please note the individual(s)._____
_____
_____

TEACHER NAME(S) _____
PARENT NAME(S) _____
STUDENT NAME(S) _____
DATE OF INCIDENT _____

Please provide a detailed and factual description of the circumstances that prompted this complaint. Be specific and only provide information relevant to the incident/event. Include relevant names/witnesses and documents, if applicable. Use additional paper, if necessary.

_____
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_____
_____

_____

FOR SCHOOL USE ONLY:

REVIEWED BY:_____

ACTION TAKEN BY
SCHOOL:_____
_____
_____