THE SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF CHARTER, PARTNERSHIP AND NEW SCHOOLS
PARENT GRIEVANCE FORM

SECTION ONE

TODAY'S DATE: _____

DATE OF INCIDENT: _____

NAME OF SCHOOL: _____

PARENT/ GURADIAN'S NAME: _____

PARENT/ GUARDIAN'S PHONE NUMBER: _____

STUDENT'S NAME/ GRADE: _____

SECTION TWO

COMPLAINT *(Please be as detailed as possible)*

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

SECTION THREE

DID YOU MEET WITH SCHOOL OFFICIALS? YES NO
(circle one)

IF YES, LIST NAMES AND TITLES

_____
_____
_____
_____

OUTCOME

_____

_____

_____

_____

_____

_____

_____

_____

_____

Parent/ Guardian's Signature/ Date: _____

---------- SCHOOL DISTRICT STAFF ONLY ----------

Employee's Name: _____

Office: _____

Resolution:

_____

_____

_____

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_____

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_____

Follow-Up:

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_____

Employee's Signature: _____