

MABANKISD  
LEVEL I COMPLAINT FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I am making this complaint as (check one):

\_\_\_\_\_ parent/student \_\_\_\_\_ (student's name)

\_\_\_\_\_ public \_\_\_\_\_ employee

If you will be represented in pursuing your complaint, please identify that individual or organization (optional): (You may attach additional information)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

INFORMATION ABOUT THE INCIDENT

Date of Incident: \_\_\_\_\_ Place: \_\_\_\_\_

Please state your complaint, factual information regarding your complaint, and the alleged harm (you may attach additional information):

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

Remedy sought: \_\_\_\_\_

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

\_\_\_\_\_  
Signature Date