

**POLICY #5155  
EDMOND PUBLIC SCHOOL DISTRICT  
COMPLAINT FORM  
REQUEST FOR REVIEW**

Person Completing Request

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

School or Place of Employment: \_\_\_\_\_ Grade (if student): \_\_\_\_\_

Complaint filed by:  Student  Parent/Guardian  
 Visitor  Employee  Other \_\_\_\_\_

If the alleged violation is regarding an individual other than the person listed above, please complete the following information: (e.g., Parent completed above information regarding actions toward their child. The child's information would be listed below)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Grade: \_\_\_\_\_ School or Place of Employment: \_\_\_\_\_

Date of Alleged Violation: \_\_\_\_\_

Describe the nature of the alleged violation, including specific facts relating to the complaint: (list or attach reference to facts, documents, witnesses or other proof or support for the claim) \_\_\_\_\_

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

Relief Requested (include any recommendation for addressing, correcting, or otherwise adjusting the source of the perceived problem, concern, or complaint) \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Person Requesting Review

\_\_\_\_\_  
Date

The review will follow procedures outlined in Board Policy # 5155

