Manchester City Schools
Parent Concern/Complaint Form

School: _____

Parent Name: _____
(Last) (First) (Middle Initial)

Student Name: _____
(Last) (First) (Middle Initial)

This concern/complaint refers to based on:

[ ]	Age	[ ]	Religion	[ ]	School Work
[ ]	National Origin	[ ]	Physical Handicap	[ ]	Safety
[ ]	Sex	[ ]	Race		
[ ]	Other (describe)				

Date of Incident: _____ Location of Incident: _____

Witnesses (If any): _____

Describe in detail you concern/complaint. Please includes name and any other specifics:

_____ _____
Parent's Signature Date

Please complete and return the Director's of Schools office