**Manchester City Schools**
**Student Concern/Complaint Form**

School: _____

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:

_____ _____
Student Signature Date

Please complete and return the Principal's office