

REFERENCE COPY

FILE: KLA-AF1
Critical

CONCERNS AND COMPLAINTS REGARDING FEDERAL PROGRAMS
(Concern or Complaint to the Superintendent)

Complaint or Concern Initiated by: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail Address: _____

- Complainant Represents: Himself/Herself
 Student
 Organization (specify): _____

Which federal program do you have concerns about? _____

List the specific laws or regulations you believe have been violated: _____

Provide a detailed description of how the law or regulation is being violated. Use full names, dates and exact occurrences, if appropriate. Attach additional pages if necessary. _____

What action would you like the district to take? _____

