Howell Mountain School District — General Complain	nt Form (Confidential)	Form 1312.
Name:	Phone:	OFFICE USE ONLY
Address:		□ Date Received & Initials
Nature of Complaint: (Check all that Apply) PLEASE NOTE: For complaints regarding categorical programs, such a		□ Date Reviewed by Admin & Initials
Narrative: Please explain your complaint in detail. Add additional pages if needed.	Time and Date: (If applicable)	☐ Action of Administrator:
		BOARD USE ONLY
		□ Date Placed on Agenda & Initials
		□ Date of Final Action & Initials ————
Resolution: Please tell us how you would suggest this problem be resolved. Add additional pages if needed.		
	Signature	
Final Disposition: (Board and Administration Use Only)		
	Signature	

White: Office Yellow: Complainant (Final) Pink: Complainant (Initial)