



DSPS STUDENT COMPLAINT FORM

****PLEASE PRINT****

Name:

Date:

ID#

Telephone No.

Address:

Street or P.O. Box

City

Zip Code

Date most recently enrolled as a student:

I wish to complain against:

Name of person or activity:

Address:

Date of Alleged Incident:

Please describe the incident, the participants, the background of the incident and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places.

If there is anyone who could provide more information regarding this issue, please list names, addresses, and phone numbers.

NAME

ADDRESS

PHONE NUMBER

Electronic Signature:

Please type your First and Last Name

Date

I understand that by checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.