



Carson City School District

1402 West King Street, Carson City NV 89703

(775) 283-2000 - Fax: (775) 283-2090

PUBLIC COMPLAINT FORM

Name of parent / guardian / member of public

Home Phone

Work Phone

Address

City

Zip Code

Name of your child / student (if applicable)

School

Statement of Complaint: (Please attach additional information as necessary.)

Desired resolution:

Please list the steps you have taken to resolve this Complaint before filing this Public Complaint Form. If you have not made any attempt to resolve the matter at the School or other site level, please do so before using this form, or let us know why you have not done so.

I talked with the teacher / employee Yes No N/A Date _____

I talked / met with the Principal / Supervisor Yes No N/A Date _____

Comments:

Signature of parent / guardian / member of public: _____ Date: _____

Note to individual filing complaint: Make a copy for your reference. Mail or deliver a copy to the Office of the Superintendent of Schools.

DO NOT WRITE BELOW THIS LINE – SCHOOL USE ONLY

Resolution: (Please attach additional information as necessary.)

Signature of Administrator

Date:

Copy – School/Site

Copy – Superintendent

DATE RECEIVED IN DISTRICT OFFICE