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| --- | --- | --- | --- |
| **Grievance Form**  (Use only for lodging formal complaints) | | | |
| **Name of the Complainant:** | | | |
| **Contact Phone #:** | | | |
| **Email:** | | | |
|  | | | |
| **Date of the Complaint:** | | | |
|  | | | |
| **Name of the Teacher /Volunteer (with whom initial Complaint was discussed):** | | | |
|  | | | |
| **Actual Complaint:** | | | |
| **Notes on Resolution:** | | | |
| **Escalation date to Board:** | | | |
| **Board Meeting Outcome:** | | | |
| **Outcome Communication Date:** | | | |
| **Signatures:** | **Complainant** | **Teacher** | **SPA team lead** |
| **Date outcome is documented:** | | | |