



# LORAIN CITY SCHOOLS

Lorain Administration Center  
People Office  
2601 Pole Avenue, Lorain, OH 44052  
lorainschools.org  
440.830.4010 fax 440.282.9541

## Scholar / Parent Complaint Form

This form may be used by scholars and parents who wish to initiate a formal written complaint involving violations of the Board's policy or other violations of law or policy directly affecting the rights of the complaining party.

Date: \_\_\_\_\_ School: \_\_\_\_\_  
Name of Scholar / Complaining Party: \_\_\_\_\_  
Parents: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Cell / Other \_\_\_\_\_

Does this complaint involve physical violence or the threat of physical violence or injury? \_\_\_ No \_\_\_ Yes

Has there been at threat of suicide in connection with this incident/complaint? \_\_\_ No \_\_\_ Yes

If yes, please provide additional details. \_\_\_\_\_  
\_\_\_\_\_

Provide a complete description / explanation of the complaint, including the date of the incident on which the complaint is based, names of scholars or others responsible or involved in the incident, names of witnesses, and all other relevant facts. Use the back or attach additional paper as needed.

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Describe any earlier efforts to resolve this matter or the reasons no such efforts were pursued.

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What specific remedy or corrective action are you seeking?

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**Scholar Signature/ Parent Signature**