



**SCHOOL CITY OF HAMMOND
COMPLAINT NOTICE**

Parent/Guardian Information:

Name (First Name – Middle Name – Last Name):		
Mailing Address:		
City:	State:	Zip code:
Telephone:	Other Number:	
Email Address:		

Student Information:

Name:	
Date of Birth:	Grade:
Name of School the Child is Attending:	
Case manager/worker Information (only applicable if the child is a ward of the state or homeless):	
Name:	Phone Number:

School Information:

Name of School/Department where the incident occurred:
Name of the Staff member involved:
Have you addressed your concern with the person's immediate supervisor: (If yes, who?)
Have you addressed your concern with anyone at the school: (If yes, who?)

Subject of the Complaint:

Describe the **nature of the problem** (the concerns that led you to request this investigation), including all **specific facts** relating to the incident. Attach additional pages or documents as necessary.

Proposed Solution:

State your **proposed solution** to the problem. Attach additional pages or documents as necessary.

Signature of Complainant:	Date:
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If the complainant did not fill out this form by him/herself please fill in the information below.

Your Name:

Phone Number:

Notification for Complaint Investigation

Indicate below when, how, and to whom you sent the copy of the complaint letter.

Date Emailed/Faxed/Mailed: _____ **OR**

Hand delivered and received by _____
Signature of Recipient School Location

Checklist

Before mailing/emailing/faxing your request for a due process complaint notice, make sure the items below have been completed.

- You have provided your name, address, and contact information.
- If applicable, you have provided the student's name, date of birth, and grade.
- You have provided the name of the school/department where the incident took place and the staff member involved.
- You have provided detailed information as to when, where, and how the alleged incident took place.
- You have provided a proposed solution to the problem.
- You have signed your complaint.

You have submitted your complaint in time for it to be received by the School City of Hammond no later than ONE YEAR since you became aware of the incident or after the last act or event of which you are complaining.

Mail, email, or fax your complaint to:

Office of Human Resources
41 Williams Street
Hammond, IN 46320
FAX: (219) 554-4505
EMAIL: dygreenedr@hammond.k12.in.us

Please Note: A School City of Hammond representative will contact you in a reasonable time frame regarding your complaint.