

ALLIANCE PUBLIC SCHOOLS
COMMENT OR COMPLAINT FORM

Commenter: _____ Date: _____
Address: _____ Phone: _____

Comment or Complaint: _____

Supportive Evidence or Witness: _____

Relief requested (what I want done in response to the above information):

_____.

The undersigned states: I have a reasonable belief that the facts in this comment or complaint are true and accurate, and I give permission for an investigation to be made into this matter.

Signature Date

