

**THE SCHOOL DISTRICT OF PHILADELPHIA  
OFFICE OF CHARTER, PARTNERSHIP AND NEW SCHOOLS  
PARENT GRIEVANCE FORM**

**SECTION ONE**

TODAY'S DATE: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

PARENT/ GURADIAN'S NAME: \_\_\_\_\_

PARENT/ GUARDIAN'S PHONE NUMBER: \_\_\_\_\_

STUDENT'S NAME/ GRADE: \_\_\_\_\_

**SECTION TWO**

**COMPLAINT** *(Please be as detailed as possible)*

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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION THREE**

DID YOU MEET WITH SCHOOL OFFICIALS?      YES      NO  
*(circle one)*

**IF YES, LIST NAMES AND TITLES**

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\_\_\_\_\_  
\_\_\_\_\_

**OUTCOME**

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**Parent/ Guardian's Signature/ Date:** \_\_\_\_\_

----- SCHOOL DISTRICT STAFF ONLY -----

**Employee's Name:** \_\_\_\_\_

**Office:** \_\_\_\_\_

**Resolution:**

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**Follow-Up:**

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**Employee's Signature:** \_\_\_\_\_