

GRAND ISLAND PUBLIC SCHOOLS

Administrator Response to Parent/Student/Guardian Formal Complaint
(Policy 8420 STUDENT DUE PROCESS RIGHTS)

Date:

Name of complainant:

Address:

Phone number:

Dear _____,

Having considered the complaint we discussed in our conference on _____, I have decided on the following response:

[Note: When preparing the letter, include only one of the following sentences.]

1. For the following reasons, I am unable to provide the outcome you seek:
2. I will take the following actions to grant the outcome you seek for your complaint:
3. Although I am unable to provide the full remedy you seek for your complaint, I will take the following actions to provide a partial outcome:

Signature of principal or other appropriate administrator: _____

Date: _____

To appeal this response, you must file a written notice of appeal with the Associate Superintendent within 10 days. A copy of the appeal form is attached to this notice.