



# EAST TROY

COMMUNITY SCHOOL DISTRICT

*Committed to the Growth & Success of Each Student, Each Year*

## CITIZEN COMPLAINT FORM

Today's Date: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Suggestion/Statement of Concern:

Specific Facts Leading to Expression of Suggestion/Concern:

Action or Resolution which is Sought:

Complainant's Signature: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Signature of Person Receiving Complaint: \_\_\_\_\_

Date Received: \_\_\_\_\_