



***Dr. Michael D. McFarland***  
***Superintendent of Schools***

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## **PARENT COMPLAINT FORM**

## **FNG (LOCAL)**

Any parent who wishes to file a complaint must fill out this form completely and turn it in to the Superintendent of Schools. All complaints will be processed in accordance with Board Policy FNG (LOCAL).

1. NAME: \_\_\_\_\_
2. PLEASE STATE DATE OF THE EVENT OR SERIES OF EVENTS CAUSING THE COMPLAINT: \_\_\_\_\_  
\_\_\_\_\_
3. PLEASE STATE YOUR COMPLAINT INCLUDING THE INDIVIDUAL HARM ALLEGED: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_
4. PLEASE STATE SPECIFIC FACTS OF WHICH YOU ARE AWARE TO SUPPORT YOUR COMPLAINT (LIST IN DETAIL).  
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5. WHAT IS THE DESIRED OUTCOME?

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