



Hazlehurst City School District

Excellence is the Expectation

Cloyd Garth, Jr., Superintendent

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Parent Complaint Form

Person Filing Complaint: _____ Date: _____

Address: _____ Cellphone No.: _____

Student Name: _____ Grade: _____ ID Number: _____

Name of School: _____ Incident Date: _____ Time: _____ a.m./ p.m.

What is your relationship to the student: _____

Nature of Complaint: _____

Action Requested: _____

Has a previous complaint been filed at this school? Yes ___ No ___ Dates _____

Person(s) spoken with:

Name

Title

Date

Office Use Only

Resolution _____

Complaint Resolved: Yes No Further action necessary: _____

Signature

Title

Date
