



# Hazlehurst City School District

119 Marvin Minor Drive  
Hazlehurst, MS 39083  
601.894.1152  
Lisa Davis, Superintendent

## 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
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### OFFICE USE ONLY

Resolution \_\_\_\_\_

Complaint Resolved: Yes No Further action necessary: \_\_\_\_\_

\_\_\_\_\_

Signature	Title	Date
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