

Twin Peaks Charter Academy
GRIEVANCE FORM

Parent and or Student Name: _____

Grade: _____

Home Phone: _____

Board Policy or administrative practice that was violated: _____

Date of Alleged Violation: _____

Briefly describe the alleged violation:

Requested Remedy:

I certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

Complainant Signature Date

Received By Date

Please return to the Principal or Designee

Adopted April 6, 2011