**Appendix C**

**Initial Record Form for a School Complaint**

To be completed by staff member

|  |  |  |  |
| --- | --- | --- | --- |
| School: |  | | |
| Name of Complainant: |  | | |
| Name of Child: |  | | |
| Date of Contact with School: |  | | |
| Nature of Concern | | | |
|  | | | |
| Actions Taken | | | |
|  | | | |
| Name: | | Signature: | Date: |