



# Castleberry Independent School District

5228 Ohio Garden Rd. • Fort Worth, Texas 76114 • (817) 252-2000



## Complaint Form

Name of person filing this complaint: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Phone #s: \_\_\_\_\_  
Home Work Cell

Statement involves complaint against whom: \_\_\_\_\_

Please state your specific complaint or complaints. Please describe in detail the events surrounding the complaint against the above-named person. Please include dates, times, locations, persons present, substance of statements and conversations, etc. Please be as factual as possible. If you must express an opinion, please make it clear that you are doing so. Continue on the reverse side of page, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(over)

Please refer to us any person having personal knowledge of the facts stated in this complaint:

\_\_\_\_\_

Please state the individual harm alleged and identify the person or persons alleged to be harmed, if other than yourself:

\_\_\_\_\_

Please state what specific relief or resolution you are requesting:

\_\_\_\_\_  
\_\_\_\_\_

Please attach copies of any written documentation that may assist us in resolving this complaint. Note: When you are finished, please reread your statement in its entirety. Make any necessary changes and initial those changes. Then initial each sheet in the bottom right hand corner. Sign and date below.

"I affirm that the above statement is the truth to the best of my knowledge."

Signature of person making statement (include date/time)

Signature of person receiving statement (include date/time)

### Mission Statement

*To graduate all students as lifelong learners who will excel in our changing world and competitive marketplace.*

Complaint Information (cont'd): \_\_\_\_\_

Lined area for writing complaint information.