

Park Lawn School and Activity Center



COMPLAINT FORM

SECTION I

(To be completed by individual filing complaint)

DATE _____ PERSON FILING COMPLAINT _____

Employee Parent Donor Participant Vendor Funding Source Other

DESCRIPTION OF COMPLAINT _____

PROGRAM/STAFF INVOLVED _____

DEPARTMENT INVOLVED *(if applicable)* _____

SECTION II

(To be completed by Park Lawn employee receiving complaint)

COMPLAINT FORM RECEIVED BY _____ DATE _____

COMPLAINT RECEIVED VIA (check one) E-mail Phone Mail In Person Fax

ACTION TAKEN BY PERSON RECEIVING COMPLAINT _____

Do you feel additional follow-up is necessary YES _____ NO _____

Please specify additional follow-up action needed _____