



The O'Farrell Charter Schools

The O'Farrell Elementary School

The O'Farrell Middle School

The O'Farrell High School

Ingenuity Charter School

Cindy Wagner, Superintendent

Parent/Guardian Complaint Form

Date: _____ School: _____

Name of Student / Complaining Party: _____

Parent/Guardian: _____

Address: _____

Telephone: Home _____ Cell / Other _____

Does this complaint involve physical violence or the threat of physical violence or injury? ___ No ___ Yes

Has there been a threat of suicide in connection with this incident / complaint? ___ No ___ Yes

If yes, please provide additional details. _____

Have you already met with a staff member regarding your complaint? If yes, please provide the following information:

Staff Name _____ Date of meeting _____

Provide a complete description / explanation of the complaint, including the date of the incident on which the complaint is based, names of students or others responsible or involved in the incident, names of witnesses, and all other relevant facts. Use the back or attach additional paper as needed.

Describe any earlier efforts to resolve this matter or the reasons no such efforts were pursued.

What specific remedy or corrective action are you seeking?

Student Signature

Date

Parent/Guardian Signature

Date

***Submit the form to the school principal and to Susan Cuttitta, Director of Operations.**

“A School You Can Believe In”

AVID National Demonstration School

6130 Skyline Drive • San Diego, California 92114 • (619) 263-3009 • Fax (619) 263-4339

Board of Directors: Shar Dela Cruz, Cristina Mendoza, Talib Mahdi, Troy Owens