

**NEW CASTLE AREA SCHOOL DISTRICT  
PARENT COMPLAINT FORM**

Parent(s) Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Student(s) Name  
\_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

1. Please state your problem.

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

2. Where and when did this problem take place?

Date \_\_\_\_\_ Time \_\_\_\_\_

Place \_\_\_\_\_

3. What do you think caused this problem? \_\_\_\_\_

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

4. Were any steps taken to solve this problem? \_\_\_\_\_

If yes, please state. \_\_\_\_\_

\_\_\_\_\_

Teacher contacted \_\_\_\_\_

Principal contacted \_\_\_\_\_

Other \_\_\_\_\_

5. How do you recommend this problem be solved? \_\_\_\_\_

\_\_\_\_\_