**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: |