

Murfreesboro City Schools  
2552 South Church Street, Murfreesboro TN 37127  
**Phone** (615) 893-2313 **Fax** (615) 893-2352  
cityschools.net



## Request for Review of Parent/Student Complaint

---

To request a review of the complaint and the response, please complete this form and submit to the following individual: Ken Rocha at ken.rocha@cityschools.net.

The Student Supports Department will then assign an impartial investigator to investigate the complaint, the principal's response, and make a written report of findings to the parent within three (3) school days of the receipt of the complaint form.

### Student/Parent Information

---

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School attending: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to Student:  Parent  Legal Guardian  Other: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Complaint Information

---

Location of Incident: \_\_\_\_\_ Date(s) of Incident: \_\_\_\_\_

Describe the incident or provide a statement of your concern:

---

---

---

---

Describe the corrective or remedy you are seeking:

---

Briefly state your disagreement with the principal's response or resolution to your complaint:

---

Parent/Guardian Signature

Parent/Guardian Name

Date