

Murfreesboro City Schools
2252 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: Lisa Trail at lisa.trail@cityschools.net.

The Communications 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