Manchester City Schools
Student Concern/Complaint Form

School: ____________________________

Student Name: _________________________________________________________________________
(Last) (First) (Middle Initial)

This concern/complaint refers to based on:
[ ] Age [ ] Religion [ ] School Work
[ ] National Origin [ ] Physical Handicap [ ] Safety
[ ] Sex [ ] Race
[ ] Other (describe)

Date of Incident: ____________ Location of Incident: ________________________________________

Witnesses (If any): ______________________________________________________________________

Describe in detail you concern/complaint. Please includes name and any other specifics:

__________________________________________
Student Signature Date

Please complete and return the Principal’s office