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Riverside School District Federal Programs Title I Schools Complaint Form

Date:	
Name of Person Submitting:	
(This information is optional, but requir	
Name of School:	
Contact Information:	
Address:	
City:	Zip:
Phone:	
A am a <i>(check one)</i> :	
Parent/family member/guardia	n of a Title I student in this school
Administrator at this school	
Staff member at this school	
Student at this school	
Other (specify)	

Title I Complaint Form

Please state the nature of your complaint below and attach additional pages if needed. Please provide names, dates and other supporting information as appropriate. Be as specific as possible. If you have taken any steps to resolve your issue at your local school, please describe them and the outcome of your efforts. Please include your suggestion for a solution.