



**Riverside School District  
Federal Programs Title I Schools Complaint Form**

Date: \_\_\_\_\_

Name of Person Submitting: \_\_\_\_\_

*(This information is optional, but required if a personal response is requested.)*

Name of School: \_\_\_\_\_

**Contact Information:**

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

A am a *(check one)*:

\_\_\_\_\_ Parent/family member/guardian of a Title I student in this school

\_\_\_\_\_ Administrator at this school

\_\_\_\_\_ Staff member at this school

\_\_\_\_\_ Student at this school

\_\_\_\_\_ Other *(specify)* \_\_\_\_\_

