



**ACADEMY WITH  
COMMUNITY PARTNERS  
HIGH SCHOOL**

## **STUDENT COMPLAINT FORM**

**Instructions:** This form is to be completed by a student filing a complaint concerning actions or decisions of a faculty or staff member. Prior to reading this form, please read ACP's Student Grievance Procedure in ACP's Parent/Student Handbook. Please reach out with any question regarding this form and submit your completed form to the Principal on campus, or by email.

Principal: Juan Alvarez Email: [jalvarez@acparizona.org](mailto:jalvarez@acparizona.org)

### **STUDENT INFORMATION (Please Print)**

Student Name:	Block/Year:
Date of Birth:	
Teacher or Staff Member the Complaint is Against:	
Cell Phone #:	Email Address:
Home Address:	

### **COMPLAINT INFORMATION**

**Describe your complaint/ grievance. Be specific as possible. Use an additional piece of paper, if needed. Attach any documentation that will describe or substantiate the complaint.**

**Actions already taken to resolve this issue. (Please describe how you have already followed the informal complaint process and with whom you have previously communicate).**

**Signature:** \_\_\_\_\_

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

**For Administrative Use:**