

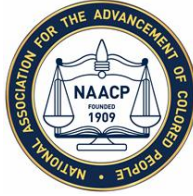
Education Complaint Form

Dear Parent and/or Guardian:

Please answer the following questions to the best of your knowledge:

1. Name of student
 2. Name of school and grade
 3. Name of student's counselor
 4. Date of incident(s)
 5. Location of incident(s) - i.e. classroom, yard, cafeteria, office, school bus, afterschool, etc.
 6. Who was involved? – i.e. other students, teacher, staff, school monitor, coach, SRO officer, etc.
 7. What happened?
 8. Are there any witnesses? Who?
 9. Were there other students involved? Do you know their names?
 10. Who were the adults involved? What are their positions at the school?
 11. How was you or your child mistreated?
 12. Were you verbally assaulted or physically touched or harmed? If so by who?
 13. What resolution or outcome do you seek?
 14. Does the student have an IEP or learning disabilities?
If so, what is the name of the IEP Resource Teacher or Counselor
 15. Were the police involved?
 16. Is this a repeated problem?
 17. Is there an attorney involved?
 18. Have you met or spoken to anyone at the school about this matter?
 19. How would you like the NAACP to assist you?
- If there is any other information you would like to provide or if you would like to speak to me directly, please feel free to do so.
20. Parent's Name, Address, Phone Number, and Email (Can you receive text messages on your phone)

Below is a Release of Information authorizing and granting permission to the NAACP to contact the school or agency involved on behalf of the parent and student.



AUTHORIZATION RELEASE

TO WHOM IT MAY CONCERN:

As the parent and/or legal guardian of _____ (*Student's Name*), we hereby give our permission and consent to allow the Education Committee Chair of the Monterey County Branch of the NAACP, PRINCESS POPE, and/or a designated NAACP committee member to schedule and attend meetings with administrators, staff and teachers; and review academic, behavioral and counselling records of our child. The NAACP has permission to discuss issues on our behalf and in our absence. This authorization is valid for one calendar from today's date, unless otherwise notified.

Respectfully submitted:

Signature of Parent(s) or Guardian(s) Date

Full Name of Parent(s): _____

Address: _____

Phone Number: _____

cc: Princess Pope, MA
NAACP Monterey County Branch
Education Committee Chair
Email: princesspoppe@ymail.com
Cell: 831-540-9954