

OFFICE OF INDEPENDENT EDUCATION AND PARENTAL CHOICE

COMPLAINANT STATEMENT

DATE OF COMPLAINT: _____
NAME OF COMPLAINANT: _____
TELEPHONE NUMBER: _____
STREET: _____
CITY & ZIP: _____
COUNTY: _____
EMAIL: _____
STUDENT NAME: _____

THIS IS A COMPLAINT AGAINST:

NAME OF PERSON: _____
SCHOOL/AGENCY NAME: _____
ADDRESS: _____
CITY & ZIP: _____
DISTRICT/COUNTY: _____
TELEPHONE NUMBER: _____

DETAILS OF COMPLAINT (who, what, where, when, why):

(Use additional paper if necessary.)

COMPLAINANT INSTRUCTIONS:

1. Fill in completely all information on the first page.
2. If you have further comments or supporting documents that substantiate the information you have given to us or may otherwise assist us in understanding the details of your complaint, please attach that information to this form.
3. Sign in the signature block below to affirm that your statement is true and complete to the best of your knowledge.
4. Return this form and all attached pages by mail to:

Executive Director
 Office of Independent Education and Parental Choice
 Florida Department of Education
 325 W. Gaines St., Suite 1044
 Tallahassee FL 32399

5. If you have any questions or concerns about completing this form, please contact the Office of Independent Education and Parental Choice at (850) 245-0502.

COMPLAINANT SIGNATURE:

Printed Name

Signature

Date

This section to be completed by IEPC designee:

DATE RECEIVED BY IEPC OFFICE: _____

IEPC DESIGNEE:

Printed Name

Signature

ADAM MILLER
Executive Director

Office of Independent Education and Parental Choice