

Port Huron Schools Bilingual/ESL Program

ESL Parent/Student Complaint Form

Please complete this form and submit to your student's principal or to Eunice Castillo ESL Teacher Consultant. 2801 Vanness Street, Port Huron, MI 48060 (810)984-6500 ext. 2415

Student Name _____

Parent Name _____

Address & Phone Number _____

School _____

The date of the event or action of this complaint _____

A detailed description of all the circumstances that gave rise to this complaint.

Attach any documents that will help explain or prove what took place concerning this complaint.

The district would like to have all complaints resolved informally if at all possible.

Explain your efforts to resolve your complaint including whom you spoke with, when you met, and what response you received. If you did not attempt informal resolution, give an explanation why not.

What do you want to happen in response to your complaint?

Parent Signature _____ Date Submitted _____