

Twin Peaks Charter Academy
Longmont, Colorado

COMPLAINT FORM

Name: _____

School: _____

Home
Phone: _____

Board Policy or administrative practice that was violated:

Date of Alleged Violation: _____

Briefly describe the alleged violation:

Requested Remedy:

I certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

Complainant

Date

Received by

Date