



# UNION SCHOOL DISTRICT

"Home of the Golden Knights and Damsels"

354 Baker Street  
Suite 2

Mr. John Kimmel - *Superintendent*  
Rimersburg, PA 16248-9211

Phone: 814-473-6311 x 0  
email: KimmelJT@unionsd.net  
Fax: 814-473-8201

## Title Complaint Form District and Non-Public Schools

Please feel free to make copies of this form, use additional paper, or call Union School District at 814-473-6311 x0 or the PA Federal Programs Regional Coordinator at 717-787-7135 for additional information.

My preferred method of contact by the individual assigned to this complaint would be: By phone (Number) \_\_\_\_\_

Best time during normal business hours to call \_\_\_\_\_.  
In person at a public facility during normal business hours. The location would probably be a school or Intermediate Unit building to permit duplication of documents.

Are you filing this complaint on behalf of a specific child? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide your contact information, relationship to child, and signature.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Home Cell Work

Relationship to child or children:

Parent  Attorney  Advocate  Other

Signature \_\_\_\_\_  
Date \_\_\_\_\_

**\*NOTE: THIS MUST BE SIGNED FOR THE SCHOOL DISTRICT TO INVESTIGATE.** The name and address of the residence of the child, school, and school district.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Is the child currently in school? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where is the child's current program?

School

District: \_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_ **Complete only if the complaint is filed on behalf of a homeless child or youth.**

Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

Please provide a statement about the violation or issue, which you believe has occurred. Please include a description about the nature of the problem. Please list the facts that support your statement. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of your knowledge, please suggest a solution to this problem.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You must send a copy of this complaint to the LEA. By signing below, you indicate to Union School District that you have provided a copy of the complaint to the LEA.

\_\_\_\_\_  
Signature Date

**Please return form to: Union School District, 354 Baker Street, Suite 2, Rimersburg, PA 16248**

\_\_\_\_\_  
**Official Use:**  
**Date/Time Received:** \_\_\_\_\_  
**Method of Receipt:** \_\_\_\_\_  
**District Official Accepting Complaint:** \_\_\_\_\_