FILE: KLA-AF1
Critical

CONCERNS AND COMPLAINTS REGARDING FEDERAL PROGRAMS (Concern or Complaint to the Superintendent)

Complaint or Concern Initia	ated by:			
Address:				
City:		State:	Zip Code:	
		E-mail Address:		
Complainant Represents:	Himself/l	Herself		
	Student			
	Organiza	ation (specify):	
Which federal program do	you have conce	rns about? _		
				_
List the specific laws or reg	gulations you be	elieve have b	een violated:	
Provide a detailed description and exact occurrences, if ap				
	1 1			
What action would you like	the district to t	take?		

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: November 29, 2017

Revised:

Boonville R-I School District