



**Hendry County School Board  
Parent/Guardian Discipline Complaint Form**

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

Parent/Guardian Name: \_\_\_\_\_

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

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

Date: \_\_\_\_\_ School: \_\_\_\_\_

Complaint Narrative (Please be specific): \_\_\_\_\_

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

If the complaint is based upon perceived discrimination, please circle the appropriate reason:  
Race, Color, Gender, National Origin, Disability, Religion or other Form of Discrimination  
(Please Identify)

**For Office Use Only:**

Demographic:  White  Black  Hispanic  
 Asian  American Indian  Pacific Islander

Lunch Status:  Free  Reduced

Response:  Written  Verbal Date of Response: \_\_\_\_\_