



Ben Hill County Schools Parental Grievance Form

Date: _____

Student's First Name: _____ Student's Last Name: _____

School: _____ Grade: _____

Parent's First Name: _____ Parent's Last Name: _____

State the Issue: **1st Meeting ()** **2nd Meeting ()** **3rd Meeting ()**

Issue Addressed with At School/Central Office:

() Teacher: _____ Date: _____
() IC/RTI: _____ Date: _____
() Transportation: _____ Date: _____
() Administrator: _____ Date: _____
() Central Office: _____ Date: _____

School/Central Office Resolution:

Parent's Signature: _____ Date: _____

**** ALL GRIEVANCES MUST FIRST BE ADDRESSED AT THE SCHOOL LEVEL ****

