

Birmingham City Schools

PHONE COMPLAINT FORM

TIME OF CALL: \_\_\_\_\_ AM/PM NAME OF SCHOOL: \_\_\_\_\_

DATE: \_\_\_\_\_ TEACHER'S NAME: \_\_\_\_\_

PERSON CALLING: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ AUNT  
\_\_\_\_\_ UNCLE

\_\_\_\_\_ GRANDPARENT \_\_\_\_\_ OTHER - IF SO, WHO? \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

NATURE OF COMPLAINT/CONCERN: \_\_\_\_\_

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HAS PRINCIPAL BEEN CONTACTED: \_\_\_\_\_ YES \_\_\_\_\_ NO

RECOMMENDATION/ACTION TAKEN: \_\_\_\_\_

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Director of Schools