

**C. E. King High School
Supplemental Educational Services (SES)
Parent Complaint Form**

Please complete the form below to file a written complaint against the SES provider that is under contract to work with your student. C.E. King High School is committed to increasing the academic achievement of our students and will work with you and the provider to resolve any issues that might arise from this partnership. Return the completed form to the principal's secretary. Within ten business days of the receipt of this form, a meeting will be setup with you, the SES provider and school personnel to address all concerns listed below.

Student Name: _____ **Student ID #** _____ **Grade:** _____

Parent / Guardian Name: _____

Telephone Number(s): _____

Name of SES Provider: _____

Location of SES Services: _____

Details of the complaint (attach any appropriate supporting documents):

Name of individuals with information about the circumstances of the complaint:

_____	Phone number: _____
_____	Phone number: _____
_____	Phone number: _____

Details of the attempt to informally resolve the complaint:

Parent Statement of Specific Desired Remedy:

I declare that I have made true, correct and complete answers and statements on this complaint form and/or any attachment to this complaint.

Parent Signature: _____ **Date:** _____

Received by: _____ **Date:** _____