SC Department of Education Citizen Complaint Form

Confidential – Office of the Ombudsman
Phone: 803-734-8485 Fax: 803-734-0796

E-mail Form

Date: _____Time: _____ Issue: _____

Name: _____

Name of student(s): _____Grade:_____

Address: _____

Telephone: (H) _____ (W) _____ (Other)_____

Description of Concern

School Name:_____ School District: _____

Have you discussed your complaint with someone at the school, if so, who:

Have you discussed your complaint with someone at the school district, if so, who:

Action taken by SDE Ombudsman as a result of complaint:

Complaint resolved to the complainant's satisfaction: yes OR no

Date complaint closed:_____ by: Wanda A. Davis, Ombudsman