

**Burnsville-Eagan-Savage ISD #191
Discipline Complaint Form**

Date of Complaint: _____

Name of Person Completing Form: _____

Email Address: _____

Cell Phone: _____

Student Name: _____

Grade: _____

Applicable Governing Discipline Documents

- Pupil Fair Dismissal Act
- School District Discipline Policy

Describe your complaint(s) and/or allegation(s) regarding improper implementation of the Minnesota Pupil Fair Dismissal Act and/or the school discipline policy or how the procedures in these two documents are being discriminately applied.

List below any other information you would like the District to consider:

Signature _____

Date: _____

For Administrative Use (Notes):

Date Received: _____

Assignment of Investigator: _____

Date Investigation Complete: _____

Notice of Decision sent to Complainant: _____

Data Practices Act Compliance Conducted: _____

Corrective Action Required: _____

Corrective Action Taken: _____

Matter Closed: _____

Signature _____

Date: _____