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:**_____