



RESTRAINT OR SECLUSION COMPLAINT/CONCERN FORM

Name of Student: _____

Name of Classroom Teacher: _____

Name of Person Filing Complaint: _____

Relationship to Student: _____

Today's Date: _____ Date of Restraint Seclusion: _____

Nature of Complaint/Concern:

Your concern is important and will be immediately addressed. It is the policy of Monarch School to have a resolution of your complaint within 30 days upon receipt by the School Director.

Please forward this form to the attention of Ms. Debra Mandel. The form can either be sent with your child to school, sent via e-mail to mandeld@bellefairejcb.org or faxed to 216-932-6706

FOR SCHOOL USE ONLY

Date Complaint Received : _____

Date of Resolution: _____

Date Responded to Parent/Guardian: _____