

WEST CENTRAL SCHOOLS #49-7  
FEDERAL PROGRAMS COMPLAINT FORM

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

STATEMENT OF COMPLAINT:

State that the West Central School District #49-7 has violated a requirement of a Federal statute or regulation that applies to a particular program in the West Central School District. Include a citation to the Federal statute or regulation. *(Use additional pages as needed.)*

State all facts, dates, witnesses, and attach all documents you believe support your Statement of Complaint.  
*(Use additional pages as needed.)*

Please list the names, addresses and phone numbers of other individuals who can provide additional information about this situation: *(Use additional pages as needed.)*

Has a complaint been filed with any other government agency about this situation? If so, provide the name of the agency.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Complainant *(If a group complaint, use additional pages as needed.)*

**Mail this fully executed form to:**

Office of the Superintendent  
West Central School District  
PO Box 730  
Hartford, SD 57033-0730

Adopted: 5-9-11

West Central School District 49-7