

Lucerne Valley Unified School District  
8560 Aliento Road  
Lucerne Valley, CA 92356

OFFICAL USE ONLY
School/ Site
Date/ Time Issued
Signature of Principal/ Management

**Parent Grievance Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date \_\_\_\_\_

1. My concern is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I have taken the following steps to inform the local education officials about the problem (phone calls, conferences, letters— when and with whom?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I have received the following response(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. My relationship to the problem is: (Describe your interest as a parent, teacher, administrator, agency employee or student.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. I think the following should be done:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request for Action:

The foregoing statements are true to the best of my knowledge. I request the Lucerne Valley Unified School District conduct an investigation to resolve the issues(s) identified.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date