



Riverside School Board

COMPLAINT FORM

Date: _____

1. PERSONAL INFORMATION

Student Name: _____
Date of Birth: _____
Age: _____
Parent's/Guardian's Name: _____
Address: _____
Home Phone Number: _____
Work Phone Number: _____
Cell Phone Number: _____
E-mail Address: _____
*Student's Permanent Code (Optional): _____

2. NAME OF SCHOOL OR CENTRE

School or Centre which student attends: _____

3. INFORMATION ABOUT COMPLAINT

If the complaint is about a specific decision, who made the decision:

Date of decision: _____

Name of person who made the decision: _____

Brief description of complaint:

4. Have you gone through the steps outlined in the problem resolution procedure as outlined in By-Law 14: Examination of Complaints Procedure, section 4.1? (Please mention who was seen, what was done and the dates) what changes, if any, have occurred since your initial complaint?

5. What is your desired outcome?



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6. Should your complaint qualify for a Reconsideration of a Decision by Council of Commissioners:

a) Will you be making a presentation to Council:

YES NO

b) I acknowledge that I will have up to 20 minutes in which to make a formal presentation to Council:

_____ Initials

7. Signature and Authorization:

I hereby authorize the Secretary General to submit the information contained herein to the persons or parties concerned. I understand that the hearing of the Request for a Revision of a Decision will be conducted in a confidential manner; however, the decision of Council will be made in a public meeting.

I understand that if I wish to withdraw my request for a revision of a decision, I must do so in writing.

Signature

Name (Please print): _____

Please send the completed to Mr. John McLaren by email at: jmclaren@rsb.qc.ca
or by regular mail at the following address:

Mr. John McLaren
Secretary General
Riverside School Board
7525, Chemin de Chambly
Saint-Hubert (Québec) J3Y 0N7

For more information, please contact the office of the Secretary General, at:
(450) 672-4010, ext. 5350