Delaware Valley School District

Local AEDY Complaint Form

DELAWARE VALLEY SCHOOL DISTRICT

You may make copies of this form, use additional paper, or call the Delaware Valley Middle School at 570-296-1835 for additional copies. You may also attach copies of relevant documents to this form. My preferred method of contact is: ☐ By phone (please provide number): Best time during normal business hours to call: ☐ By email (please provide email address): ☐ In person at a public facility during normal business hours. The location would probably be a school or Intermediate Unit building to permit duplication of documents. Are you filing this complaint on behalf of a specific child? ☐ Yes ☐ No Name of Child: Child's Date of Birth: Address of Child: **Complainant Information** Name: Address: Phone Number: Home: Work: Cell:

E-mail:

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Relationship to child o		☐ Advocate	□ Other
School/Program Information			
Child's school:			
Child's AEDY Program (please include even if the child has not yet attended the program and has only been referred to attend): Is the child currently in school? \square Yes \square No			
If so, where is the child's current program:			
School Building:			
School District:			
Charter School:			
Private Provider:			
Complete only if this Complaint is filed on behalf of a homeless child or youth.			
Contact Person:			
Telephone:			
Complaint Information			
On or about what date did the violation occur?			
Date:			
To clarify my allegations, I would like the School District to interview the following person(s). (Optional)			
Name	Occupation	on/Title	Phone Number/E-Mail Address

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Provide a statement about the violation or issue, which you believe has occurred. Please include a description of the problem.

List the facts that support your statement.

What, if any, is your proposed solution to this problem?

Please return the form to:

Delaware Valley Middle School 258 Rt. 6 & 209 Milford, PA 18337

cc: In-house DVSD AEDY Program