

**ISD #31 District Suspension Complaint Form**

Date of Complaint: \_\_\_\_\_

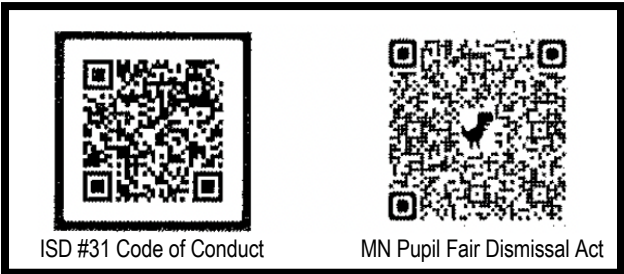
Name of Person Completing Form: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

*Applicable Governing Discipline Documents:*

- ISD #31 Code of Conduct
- Mn Pupil Fair Dismissal Act



Describe your complaint(s) and/or allegation(s) regarding improper implementation of the Minnesota Pupil Fair Dismissal Act and/or the ISD #31 Code of Conduct or how the procedure in these two documents are being improperly applied. Please list the Code or Statute that you feel was improperly implemented.

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List below any other information you would like the District to consider:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_