

COMPLAINT FORM

Submit To: Dr. Patricia Keeton
Private Business & Trade Schools
Delaware Department of Education
Collette Education Resource Center
35 Commerce Way, Ste. #1
Dover, DE 19904

Patricia.keeton@doe.k12.de.us
(302) 857-3313

Name of Complainant: _____

Address: _____

City, State, ZIP: _____

Day Telephone: _____ Email Address: _____

INSTRUCTIONS

1. Please attach a statement describing the nature of the complaint. The statement should include a description of the event (s) or circumstances upon which the complaint is based and the names and titles (if any) of the individuals involved.
2. In order for the complaint to be processed and considered by the Delaware Department of Education, you must give written permission for the complaint to be forwarded to the school for a response. If you do grant the Department of Education permission, please sign your name in the space provided below.

STATEMENT GRANTING PERMISSION TO FORWARD COMPLAINT TO SCHOOL

I hereby grant permission to the Delaware Department of Education to forward a copy of this complaint to the school.

I certify that the information I have provided is correct to the best of my knowledge and grant permission for the complaint to be forwarded to the school for a response.

SIGNATURE: _____ DATE: _____