

**LASALLE COMMUNITY ACTION ASSOCIATION, INC.**

**825 HWY 8 SICILY ISLAND, LA. 71368**

**PARENT/COMMUNITY COMPLAINT FORM**

Complainant Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

1. The date (s) during which the alleged actions occurred:

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

2. Please state reason for complaint:

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

3. The nature of the incident or action that led to the complaint.

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

4. Names and addresses of persons who may have knowledge of the incident or action:

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

Date Complaint Received: \_\_\_\_\_

Person Receiving Complaint: \_\_\_\_\_

- Please submit this form in writing within five (5) days after the events on which the grievance is based.

\_\_\_\_\_