

Camden Central School District

51 Third Street
Camden, New York 13316

Title I Complaint Form

Please complete this form in its entirety and submit with it any supporting documentation. If you have questions, you can contact Craig Ferretti, Title I coordinator for the district, at (315) 245-3412.

Date: _____

Complainant's Name (or agency if applicable): _____

Address: _____

Telephone Number: _____ **E-mail:** _____

Check off one item below to indicate complainant's description:

Parent / Guardian Teacher / Staff member Other (Please specify): _____

Check off one item below to indicate Agency that is subject of complaint:

Teacher School District School Other (Please specify): _____

Name of Agency That Is Subject of Complaint: _____

Address of Agency That Is Subject of Complaint: _____

OVER ►

Nature of Complaint. Please be specific and include names, dates and details. Please specify the requirement of law or regulation being violated and the related concern. Please provide evidence/information which supports the complaint. Please also state the nature of the corrective action you desire. Attach additional pages if needed.

For Camden Central School District Use only:
Date Received: _____
Additional Contacts to Investigate Complaint: _____ _____
Resolution: _____ _____
Date of Response Letter: _____