

RESTRAINT AND SECLUSION COMPLAINT FORM

Complainant Information:

Name:		
Relationship to student:		
Phone number:		
Email:		
Preferred method of contact:		
By Email:	By Phone:	Best time during normal business hours to call:

Facts Relating to the Concern:

What date did the incident occur?
Please list the names of all persons involved:
Please describe the concern:
Provide a proposed resolution to the problem:

Signature:	Date:
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