

**South Dakota Department of Education  
Education of Homeless Children and Youth  
Complaint Processing Form**

*Please fill out as completely as possible.*

Date Call received: \_\_\_\_\_ Time Call received: \_\_\_\_\_

Name of caller: \_\_\_\_\_

Phone number where caller can be reached: \_\_\_\_\_

**Name of student(s) involved:** \_\_\_\_\_

Birthday of student(s) involved: \_\_\_\_\_ Grade level (s): \_\_\_\_\_

Where is student currently living (name of shelter/relative/friend/other)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What school is student attending or trying to enroll in? \_\_\_\_\_

In what district is the school located? \_\_\_\_\_

What is the nature of the complaint? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who has the parent/student/shelter/person acting as parent talked with to get the problem resolved?

(Name) \_\_\_\_\_ (Position) \_\_\_\_\_

(Name) \_\_\_\_\_ (Position) \_\_\_\_\_

**TO BE COMPLETED BY HOMELESS COORDINATOR:**

Dates and times of follow-up calls: \_\_\_\_\_

Action requested of parent/student/shelter/or person acting as parent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone contact with school official: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of contact: \_\_\_\_\_ Position: \_\_\_\_\_

Action agreed to be taken by school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Final disposition of case: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_