Harding County School District

Dispute Resolution Process Form

School Address:		Phone:	Fax:
Student's Name _		I.D. #	Grade:
Current Ac	ldress:	Current Phone:	
Parent/Guardian/C	omplaining Party's Name: _		
Relations	hip: _Parent _Guardian	_Unaccompanied You	ith_ Other
Current Ac	ldress:	Current Phone:	
Privacy Act (FERPA) ar	*	ardian, student, or to a person spe	the Federal Education Rights and ecifically designated as a representative
Lives in a	Shelter _Yes _No		
	me of school that parent che to/from until dispute is re		•
	his the school of origin? _ manently housed or the sch		
If N	o, from which school was the stud	dent transferred?	
Reason for the Con	nplaint:		
Signature	of parent/guardian/complai	ning party:	
		Date:	
District Action on	Complaint		
Taken within	school days after receiving	notice of the complaint (See date
above)Did the (circ	cle one) Homeless Liaison/l	Principal resolve this disp	oute? Yes No
If the dispute was re to the satisfaction of		s taken by the Liaison/Pr	incipal to resolve the dispute

If the dispute was **not resolved** to the satisfaction of the parent/guardian: provide the date that a District Education Officer convened a meeting of the parties and briefly describe the outcome of this meeting:

Date of meeting:	_
The following organizations are willing	ng to provide low-cost or free legal assistance to residents of
Name:	Name:
Address:	Address:
Phone:	Phone:
does not in so doing recommend or advocate th	v-cost or free legal services, the Harding County School District Board of Education he use of the services of the listed organizations, nor is the Board responsible for se listed organizations, should their services be used.
	anty School District to resolve the dispute (if necessary)
·	_Yes _No Date: