ATTACHMENT B

CHEERLEADING SQUAD COMPLAINT FORM

Student: _____

ID Number: _____Grade_____Date: _____

Concern/Complaint:

_____

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What remedy/solution are you seeking?

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Your concern or complaint will be addressed at the next cheer coaches' meeting, unless it is deemed an emergency by the coaches. Meetings take place the first Monday of each month. You will receive a phone call or letter in reference to your concern/complaint within 5 days of the scheduled meeting.

Parent Signature: _____

Date: _____