**Syracuse City School District**

**S.R.O. Complaint Form**

Name:       School:       Phone:

I am a:  Student  Teacher  Parent  Other

Name of the S.R.O.:

Date of incident:

Complaint reported to:  Principal  S.R.O. Supervisor  Chief Operations Officer  Other

Are there any witnesses:  Yes  No

Names of witnesses:

Explanation of complaint:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to:**

Syracuse City School District

Attn: Chief Operations Officer

725 Harrison Street

Syracuse, NY 13210