

LAMPETER-STRASBURG SCHOOL DISTRICT
Lampeter, Pennsylvania 17537

Decision of Committee

Form 4
(Please Print or Type)

Name of Complainant: _____

Date of Complaint Report: _____

Date of meeting to attempt to resolve complaint: _____

Decision of the Committee and reason for the decision:

Signature of Committee Chairperson

Date of Decision

Complainant's Response

_____ I accept the decision of the Committee.

_____ I wish to appeal the complaint to the Board of School Directors.

Signature of Complainant

Date of Response

Note: Please return a signed copy of this form registering your decision to the Equal Rights and Opportunities Compliance Officer.