

SPERO ACADEMY CONCERN/COMPLAINT FORM

I. Full Name of Person Bringing Concern/Complaint: \_\_\_\_\_

School or Parent Designation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

II. Summary of Concern/Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. Suggestion for Action to be Taken to Resolve Concern/Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Complainant

Date

\_\_\_\_\_  
\_\_\_\_\_

Signature of Person Receiving Complaint

Date

Use Additional Pages If Necessary for Written Concern/Complaint. This completed form may be emailed to the director at [director@spero.academy](mailto:director@spero.academy). Parent and/or staff may also report their concern/complaint to the director orally in person by appointment or via a phone conversation at 612-465-8601.