Lehighon Area School District

Complaint Form under Title I, Part A
of the Elementary and Secondary Education Act of 1965 (ESEA)

Please Print

Name of (Complainant): ________________________________________________________

Mailing Address: _______________________________________________________________

Phone Number (home): ________________________________

Phone Number (work): ________________________________

Person/department complaint is being filed against:

______________________________________________________________________________
______________________________________________________________________________

Date on which violation occurred: ________________________________

Statement that the Lehighon Area School District has violated a requirement of a Federal statute or regulation that applies to an applicable program (include citation to the Federal statute or regulation) (attach additional sheets if necessary):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

The facts on which the statement is based and the specific requirement allegedly violated (attach additional sheets if necessary):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

“Educating together to prepare our students for life’s journey.”

“Commitment to Excellence”
List the names and telephone numbers of individuals who can provide additional information.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please attach/enclose copies of all applicable documents supporting your position.

Signature of Complainant: ________________________________

Date: ________________

Mail or deliver this form to: Lehighton Area School District
1000 Union Street
Lehighton, PA  18235
Attn:  Coordinator of Curriculum, Instruction & Grants

Date Received: __________________________

Date of Response to Claimant: __________________________