

JORGE O. ELORZA
Mayor

CHRISTOPHER N. MAHER
Superintendent



Providence Public School District
Division of Human Capital
797 Westminster Street Providence,
RI 02903-4045
tel. 401.456.9100
fax 401.456.9284
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COMPLAINT FORM

Filed with: Providence School Department Intake Date: _____
Division of Human Capital
797 Westminster Street
Providence, Rhode Island 02903
Phone: (401) 456-9100 x11187; Fax: (401) 456-9284
Raymond.Lambert@ppsd.org

Complainant's Name: _____

School: _____

Home/Mobile Telephone: _____ Work Telephone: _____

Name and position of person(s) against whom the charge is made:

Statement of alleged facts:

Witness(es) to the alleged facts: _____

Have you filed a complaint with any other office or agency? () YES () NO

If YES, please list name: _____

The above statement is true to the best of my knowledge and belief.

Signature of Complainant Date

Person receiving complaint Date