

**DISTRICT ENROLLMENT DISPUTE FORM**

Student's Name \_\_\_\_\_ SSN/SN \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_

**District Action on Complaint**

**Taken within \_\_\_\_\_ school days after receiving notice of the complaint. Was the complaint resolved at the district level? \_\_\_\_\_ yes \_\_\_\_\_ no**

**If the dispute was resolved at the district level, describe the action taken by the county homeless liaison to resolve the dispute to the satisfaction of the complainant:**

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

**If the dispute was not resolved to the satisfaction of the complainant, did the county homeless liaison convene a meeting of the interested parties to attempt resolution of the dispute? \_\_\_\_\_ yes \_\_\_\_\_ no**

**If yes when and where did the meeting take place? Describe the outcome of the meeting.**

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

**If no, will a meeting be held for resolution purposes? When? Where?**

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

**If a resolution cannot be derived at the district level, the county homeless liaison should assist the complainant in contacting service organizations to provided technical assistance to the complainant. Did the county homeless liaison assist the complainant in the manner? \_\_\_\_\_ yes \_\_\_\_\_ no**

**Name of service organization contacted for assistance \_\_\_\_\_**

**Was the dispute resolved? \_\_\_\_\_ Date \_\_\_\_\_**

\_\_\_\_\_

**Describe the resolution. \_\_\_\_\_**

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

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Homeless Liaison