



For office use only:
Date received: _____

Request for Review of the Decision

Concerning:
Student _____ Date of Birth _____ Age _____

School _____ Grade _____

Parents/Guardians _____

Home Address _____

Home Phone _____ Cell Phone _____ E-Mail _____

IMPORTANT: THIS FORM MUST BE SUBMITTED WITHIN TEN (10) DAYS OF THE PRINCIPAL'S WRITTEN DECISION IN REGARDS TO A NONDISCRIMINATION COMPLIANCE COMPLAINT. THE REQUEST MUST BE SENT TO THE ASSISTANT SUPERINTENDENT AT THE DEPARTMENT OF CATHOLIC SCHOOLS ASSIGNED TO THE SCHOOL AT THE ADDRESS BELOW.

I/we, _____,

Parent(s)/guardian(s) of _____,

request a review of Principal _____'s,
(school principal's name)

written decision in the Nondiscrimination Compliance Complaint dated _____.

The reason for the review is

Parent/Guardian Signature: _____ Date: _____

Attach additional sheets for details if needed. Mail complaint/documents to your principal and to:
**Archdiocesan Compliance Officer
Department of Catholic Schools
3424 Wilshire Blvd., Floor 2
Los Angeles, CA 90010**
For assistance in completing this form, please contact the Department of Catholic Schools at (213) 736-7313