

## **SUPPLEMENTAL EDUCATIONAL SERVICES COMPLAINT FORM**

Connecticut State Department of Education – Bridgeport Public School District

*Please complete this form if you have a complaint about supplemental educational services, with as much detail as possible. Please forward the completed form to BPS Public and Private Grants Office, SES Program Manager, by email at [ljones@bridgeportedu.net](mailto:ljones@bridgeportedu.net) or by fax at (203) 337-0160, or by regular mail at 45 Lyon Terrace, Room #318 Bridgeport, CT 06604.*

Name: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

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

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

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### ***I am:***

- a parent/guardian
- a school staff member (specify role and name of school/district) \_\_\_\_\_
- a school district central office staff member (specify role and district) \_\_\_\_\_
- an SES tutor/instructor (specify organization) \_\_\_\_\_
- an SES staff member-not a tutor/instructor (specify role and organization) \_\_\_\_\_
- community member (specify) \_\_\_\_\_

### **Please check all that apply**

#### ***I have a concern about:***

- a tutoring company/provider/tutor (specify) \_\_\_\_\_
- a school/school district (specify) \_\_\_\_\_
- the state
- other (specify) \_\_\_\_\_

Describe your concern and attach documentation if available. You may continue on the back or on another page if necessary.

**Parents may call (860) 713-6787 for assistance with filing a complaint.**

**Please note that all complaints are subject to Freedom of Information Act (FOIA) requests.**