



PHYSICAL RESTRAINT AND/OR EXCLUSION COMPLAINT FORM
Reference FCPS Regulation 400-44, Section G

The purpose of the form is to facilitate any student, parent, guardian, staff member, or other individual to freely express concerns regarding the use of physical restraint and/or exclusion practices.

**This form is available in the front office of every school building and [online](#).*

I. Contact Information (Optional)

Name: _____

Date: _____

Email: _____

Phone Number(s): _____

Mailing Address: _____

II. Details of the Complaint

The incident occurred at (location) _____.

A brief description of the incident is described below:

Comments:

Retaliation, harassment, or negative educational consequence is strictly prohibited against any complainant (or any member of their family) or any other individual (or any member of their family) for filing the complaint or otherwise participating in the complaint process.