

COMPLAINTS AGAINST STAFF FORM

Name _____ Date _____

Address _____
(Street) (City) (Zip)

Telephone _____
(Home) (School or work location)

Status of person filing complaint: _____ Student _____ Employee
_____ Parent/Guardian _____ Other _____

Describe Your Complaint: _____

What action would you like taken? Or what solutions would you like to see? _____

Signature of complainant: _____ Date filed: _____

Signature of person receiving complaint: _____

Date received: _____

Submit all copies to the office of the district administrator. The person receiving the complaint will sign and date the complaint. One copy will be returned to the complainant, one copy will be sent to the school or department affected by the complaint, one copy will be sent to the building administrator affected and one copy will be retained by the district office.