

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: \_\_\_\_\_

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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.