SCHOOL DISTRICT COMPLAINT FORM

Name of Person Mak	ting Complaint:		
Mailing Address:			Phone:
	Street/Box	City, State, Zip	
SPECIFIC COMPLA	AINT:		
DATE (S) OF OCCU	JRRENCE (S):		
TIME OF OCCURR	ENCE (S):		
WITNESS(ES):			
HAVE YOU HAD A	CONFERENCE WIT	H THE EMPLOYEE	INVOLVED? (check one)
YES:	TELEPHONE:		PERSONAL:
NO: IF NO, WHEN WOULD YOU BE AVAILABLE TO HAVE A WITH THE EMPLOYEE AND ADMINISTRATION?			
	TIME:		DATE:
WHAT SUGGESTION	ON(S) DO YOU HAVI	E TO RESOLVE THI	S SITUATION?
	plaint shall be provided plaint Procedure and the	_	involved. I acknowledge receipt of the nt form.
Complainant	Employe	ee	Administration
Date:			