PUBLIC CONCERNS / COMPLAINTS ABOUT PERSONNEL

PUBLIC COMPLAINTS ABOUT SCHOOL PERSONNEL

This form or a typed document containing all the requested information should be submitted to the immediate supervisor and/or Building Administrator of the employee who is the subject of the complaint.

Date: _____

Name:_____ _____
(Print) (Signature)
Address: _____

Telephone: (Day)_____ (Cell) _____

E-Mail Address: _____

Parent/Guardian of Student in District? Yes _____ No _____

Student Name: _____

Other relationship to the District or the person about whom you have a concern or complaint: _____

Name and title/position of person(s) about whom the complaint is made: _____
_____

Date of assigned administrator's written response: _____

Date and time that you met with the employee or the employee's supervisor to discuss the concern/complaint: Date: _____ Time: _____

Was the employee's supervisor present? Yes _____ No _____

Have you discussed this complaint with the employee's supervisor:
Yes _____ No _____ If no, why not: _____
_____
_____

Please describe the facts relating to your concern or complaint with as much specificity as possible. Include relevant dates, times, places, names of witnesses (if applicable). Use additional paper if necessary.

Received by: Date: