

Date Stamp
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## COMPLAINTS AGAINST PERSONNEL

Date of Incident \_\_\_\_\_ Date Submitted \_\_\_\_\_

Complaint Submitted by \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Check appropriate  Parent  Student  Employee  Community Member

Complaint against:

Name of Person \_\_\_\_\_

Name Of School \_\_\_\_\_

Have you discussed the complaint with this person? \_\_\_\_\_ Date \_\_\_\_\_

Have you discussed the complaint with this person's supervisor? \_\_\_\_\_ Who? \_\_\_\_\_ Date \_\_\_\_\_

Nature of complaint. Please write a description of the complaint including:

1. the specific nature of your complaint;
2. the name(s) of people involved in the complaint;
3. the results of any previous meetings or discussions with site/District personnel.

Type complaint below

The above is true and correct to the best of my knowledge \_\_\_\_\_

Confidentiality/Relation

The Board of Education acknowledges and respects individual rights to privacy. Complaints will be investigated in a manner that protects the confidentiality of the parties to the extent necessary to carry out the investigation. The Board prohibits retaliation in any form for the filing of a complaint or participation in complaint procedures. Complaints must be addressed by the District in 10 business days as of receipt of complaint.

Complaint continued ...