



COMPLAINT FORM

Name of Complainant

Date

Address

City

State

Zip

Phone Number(s)

1. Is this complaint regarding discrimination? Yes ☐ No ☐
2. Describe in detail the incident and actions related to this complaint.

3. Who was involved in this incident? Include witnesses, if any.

4. What actions have you taken in regards to this complaint?

5. What suggestions do you have for resolving this issue?

Please review your complaint to assure the information is accurate and complete. Submit this form to the building principal with a copy sent to the Assistant Superintendent's office.

Signature of Complainant

Printed Name

Date

Signature of Recipient

Printed Name

Date

**Reprisal or retaliation against any person acting in good faith in a complaint process,
whether formal or informal, is a violation of District policy.**