

DE SOTO AREA SCHOOL DISTRICT

411.1-Exhibit(1)

FORMAL COMPLAINT FORM

Person Filing Complaint _____ Date _____

Address _____
(Street)

(City) (Zip)

Telephone _____
(Home) (School or Work Location)

Status of person filing complaint: Type of complaint:

_____ Student	_____ Employee	_____ Harassment
		_____ Bullying
_____ Parent	_____ Other	_____ Intimidation
		_____ Sexual Harassment

If applicable, attach a log showing the place, time, persons involved, date of incident(s).

Remedy Sought _____

Signature of Complainant _____ Date _____

Signature of person receiving complaint _____
Date _____

(PROVIDE A COPY TO THE PERSON MAKING THE CLAIM)

TO BE COMPLETED BY SCHOOL PERSONNEL

RESOLUTION: _____

COMPLAINT CONSIDERED TO BE RESOLVED: _____ FURTHER ACTION NECESSARY: _____

Signature/Title Date

APPROVED: August 20, 2007