

DE SOTO AREA SCHOOL DISTRICT

411-Exhibit (2)

FORMAL COMPLAINT FORM

Person Filing Complaint _____ Date _____

Address _____
(Street)

(City) (Zip)

Telephone _____
(Home) (School or Work Location)

Status of person filing complaint:

_____ Student _____ Employee

_____ Parent _____ Other

Statement of Complaint (include type of complaint charged and the specific incident) in which it occurred) (Be as specific as possible) (Place, time, persons involved, date of incident):

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
