

COMPLAINT FORM CONCERNING DISTRICT EMPLOYEES

Complaint Submission Date: _____ Time: _____

Complainant's Name: _____ Work Phone: _____

Home Address: _____ Home Phone: _____

Street

City

Zip

Name of employee reported by complainant: _____ Site: _____

1. HAVE YOU COMPLETED THE STEPS FOR AN INFORMAL COMPLAINT?*(See AR 1312.1 attached)***a. I have directly contacted the staff member(s) against whom the complaint is lodged.**☐ Yes ☐ No

If "no," please explain: _____

b. I have communicated my concern to the site principal or supervisor who may arrange a meeting with the staff member(s) against whom the complaint is lodged.☐ Yes ☐ No

If "no," please explain: _____

2. STATEMENT OF COMPLAINT – Be specific, including names, witnesses, dates and times, and locations when pertinent.*(Attach additional sheet, if necessary.)* _____

3. SPECIFIC RELIEF REQUESTED – What outcome do you seek from this complaint?

Complainant's Signature_____
Recipient's Signature_____
Date/Time

Referred to: _____

Date/Time