

STAFF COMPLAINT FORM

Date of filing: _____

Please Indicate Step Below:

- 1. Immediate Supervisor _____
- 2. Building Principal _____
- 3. Superintendent _____
- 4. Board _____

1. Complainant _____

2. Position _____ Building _____

3. Time, date, place of occurrence _____

4. Statement of the complaint (include events and conditions of the complaint and persons responsible)

5. Redress sought _____

6. Response _____

Date

Signed

Position

8. Initial applicable statement:

_____ I hereby accept the above determination

_____ I hereby decline the above determination

_____ I intend to process the complaint to the next step

Signature of complainant

Date

Adopted: June 7, 2017