GENERAL COMPLAINT FORM

TO: SUPERINTENDENT/ DESIGNEE

FROM: __________________________________________
Name
________________________________________
Address
________________________________________
Phone number
Email address

DATE: _________________________________________

Is your complaint about:
☐ A Staff Member (Provide Name) ____________________________________________
☐ A School (Identify School) ____________________________________________________
☐ The District or A Department _________________________________________________
☐ Other ____________________________________________________________

Please explain your complaint in detail. Include all names, dates, places, witnesses, and documents.
(Attach additional sheets, if necessary.)

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Did you already speak to any school or District personnel about the complaint? Yes ☐ No ☐

If so, whom? _____________________________ When? _____________________________

What was the result? _____________________________

Return the document to the Superintendent’s Assistant or to the appropriate Department within 24 hours.

The Superintendent or designee will investigate the complaint and respond to you in a timely manner.

______________________________
Signature

Rev. 7-17-2017