

Public Complaint Form

Today's date: _____

To: Employee* Principal Superintendent Board Chair Board Vice-Chair

* Form available but is not required

Person Making Complaint _____

Telephone Number _____ Email address: _____

Nature of Complaint: _____

Who should we talk to and what evidence should we consider?

Suggested solution/resolution/outcome: _____

Signature of Complainant: _____ Date: _____

<p>Office Use: Disposition of Complaint:</p> <p>Signature: _____ Date: _____</p>

cc: District Office