



DISTRICT COMPLAINT FORM

TO: District Office _____ (Name of School)

Person Making Complaint _____

Telephone Number _____

Date _____

Email address _____

The District wants to help ensure that the complaint process is accessible and equitable, and that complainants have the information they need about the process. If you need interpretation or translation services, or support putting your complaint in writing, or have any other questions about the process, please contact the building administrator or superintendent's office.

What is your complaint? (Please describe the concern in as much detail as possible including dates, locations, and persons involved. Please include each separate concern or allegation that you have. Please feel free to attach additional pages if necessary.)

Please describe how you have already attempted to resolve your complaint informally:

Who has information about your complaint and what other information would you like us to consider?

What is your suggested solution?

Signature of Complainant: _____ Date: _____

c: District Office

Please be aware that information shared on this form could be subject to disclosure under the Oregon Public Records Act. While the law may allow certain limited information to be kept confidential, in general complaints are considered public records.



COMPLAINT APPEAL FORM

TO: District Office _____ (Name of School)

Person Filing Appeal _____

Telephone Number _____

Date _____

Email address: _____

The District wants to help ensure that the complaint process is accessible and equitable, and that complainants have the information they need about the process. If you need interpretation or translation services, or support putting your complaint in writing, or have any other questions about the process, please contact the building administrator or superintendent's office.

Please describe why you are appealing your complaint?

Who did you discuss your complaint with? Were any aspects of your complaint resolved to your satisfaction?

Please attach your original written complaint and any written determination that you have received.

Signature of Complainant: _____ Date: _____

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