



# COMPLAINTS CONCERNING STAFF OR PROGRAMS

## Policy 4220 / 4220P

### Complainant's Information

Complainant's Full Name: \_\_\_\_\_

☐ Student      ☐ Parent/Guardian      ☐ Community Member      ☐ Other

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Incident Information

Complaint Against Staff/Program: \_\_\_\_\_

When did the alleged incident(s) occur? \_\_\_\_\_

Where did the alleged incident(s) occur? \_\_\_\_\_

Description of Complaint: \_\_\_\_\_

If additional space is needed, please attach a separate sheet/document.

### Witness Information

List any witness who may have seen or who may know something about the alleged incident:

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

## Complaint Process

Have you discussed the complaint with:

Employee: ☐ No ☐ Yes Date: \_\_\_\_\_ Name: \_\_\_\_\_

Principal: ☐ No ☐ Yes Date: \_\_\_\_\_ Name: \_\_\_\_\_

Superintendent: ☐ No ☐ Yes Date: \_\_\_\_\_ Name: \_\_\_\_\_

To ensure we address this matter effectively, could you outline the resolution you are seeking?

If additional space is needed, please attach a separate sheet/document.

I understand that:

1. The School District may request further information about this complaint, and if such information is available, I shall present it upon request.
2. A copy of this complaint will be given by the School District to the person, against whom this complaint is being made, and he/she will be given the opportunity to respond in writing to this complaint, and that I will receive from the School district a copy of such response.
3. If a hearing is held on this complaint, it will be done in executive session with the press and public excluded, and I will be informed of the date, and place such hearing will be held.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use Only:

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date