Complaint Form: (Co 1. Report Informat	ompletion of this form is preferre t ion	d but not required.)		
-	eport: Time Received:			
2. Complainant Information				
Last Name:	First Name:	Middle Name:		
Contact Information	(Phone/Email):			
3. Incident Inform	ation			
Location of the Incid	ent:			
Date of Incident:				
Time of Incident:				
Others Involved (if a	pplicable):			
4. Alleged Miscond	luct: (<i>Please specify the policy</i> ,	rule, or law allegedly violated, if known.)		

5. Narrative of Events: (*Please provide a detailed description of the incident. Include any relevant details such as actions taken, witnesses, and any supporting evidence.*)

6. Attestation: I affirm that the information provided in this complaint is true and correct to the best of my knowledge.

Signature:	Date:	

Minnesota Data Practices Act Disclaimer

Under the **Minnesota Government Data Practices Act (MGDPA)**, data related to complaints and investigations involving students and staff may be classified as private or confidential. The school district is prohibited from disclosing any information regarding complaints, disciplinary actions, or investigations involving students and employees except as permitted by law. This means that while your complaint will be reviewed and addressed in accordance with school policies, the district **may not be able to provide you with updates on specific actions taken**.

For further details on data privacy and access to public data, please refer to Minn. Stat. § 13.32 (Educational Data), Minn. Stat. § 13.43 (Personnel Data), and District Policy on Public and Private Data.