

**POLICY TITLE: Complaint(s) Concerning District
Employees
Minidoka County Joint School District # 331**

**POLICY NO:
410.00F
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Please note that before filling out this form, the appropriate procedure (chain of command) for handling a complaint should be followed. Please fill out this form or submit the information in a letter.

Person making complaint _____ Phone Number: _____

Complaint made against _____

When did this happen? Date: _____ Time: _____

Where did the incident occur? _____

Did you report your concerns to any school district employee? Yes _____ No _____

If yes, who did you report the complaint to? _____

Please describe your complaint/incident as clearly as possible. Be sure to include as much information as possible.

Please list any witnesses if applicable: _____

My signature attests that the foregoing information is true and correct to the best of my knowledge.

Signature

Date

SECTION 400: COMMUNITY RELATIONS