Duluth Public Schools

INDEPENDENT SCHOOL DISTRICT NO. 709 DISTRICT COMPLAINT FORM

| Name of Person Filing Complaint (Complainant): | |
|--|-----------|
| Address: | |
| Telephone: | ocation) |
| Status of Person Filing the Complaint: Student Employee Parent Other | (Specify) |
| Status of Person You Are Reporting: Student Employee Parent Other | |
| - | (Specify) |
| Name of Person You Are Reporting (Respondent): | |

Statement of Complaint (Include who was involved in the specific incidents in which it occurred, names of witnesses, etc.):

(Continue on reverse side or attach pages as needed.)

I UNDERSTAND THAT IN ACCORDANCE WITH DISTRICT POLICY #103, INDEPENDENT SCHOOL DISTRICT 709 WILL ADDRESS THIS COMPLAINT.

| Signature of Complainant: | Date: | |
|--|-----------------------------|--|
| Signature of Person Receiving The Complaint: | Date Received: | |
| Printed Name of Person Receiving The Complaint: | | |
| Name of Building Administrator (if different from person receiving initial complaint): | | |
| Original to Human Resources (Human Resources will distribute a copy to the District's Climate C | Date Distributed: | |
| Copies Distributed To: Duilding Administrator | Date Distributed: | |
| (To be completed by Human Resources) | | |
| REPORT NUMBER: Year: Building Code: | Number In Sequence By Year: | |