

PUBLIC CONCERNS AND COMPLAINTS

In accordance with Governing Board Policy Sections 11.10, 11.11
(This form to be submitted to the Superintendent)

Person(s) or group filing complaint: _____

Complainant's mailing address: _____

City _____ State _____ ZIP _____

Complainant's e-mail: _____ Phone: _____

Complaint is regarding: Personal Facilities and Services Policy Other

Person against whom the complaint is made: _____

Employee's position: _____ School or Department: _____

Has problem been discussed with the employee? Yes No Date: _____

Has problem been discussed with the employee's supervisor? Yes No Date: _____

Has problem been discussed with the school administration? Yes No Date: _____

Statement of complaint (description of incident or event, including date, place, time, additional persons, alleged improper conduct, etc. Use additional sheets if necessary):

Other witnesses or persons with information:

Action requested:

Signature

Date of Complaint