

Northshore School District

DISTRICT FORM

4312 F
Page 1 of 2

COMPLAINT CONCERNING STAFF OR PROGRAMS

TO: Superintendent
Northshore School District No. 417
3330 Monte Villa Parkway
Bothell, WA 98021

FROM: NAME(S) _____
ADDRESS(ES) _____
TELEPHONE NO. _____

Name of person(s) against whom complaint is made: _____

Name of program against which complaint is made: _____

NATURE OF COMPLAINT: This should be a description, in your own words, of the grounds of your complaint, including all names, dates, and places necessary for a complete understanding of your complaint.

(You may use additional pages to describe your complaint more fully if you so desire.)

Has the complaint been discussed with the employee named in the complaint, his/her school principal, or his/her supervisor?

To whom have you spoken? Name(s) _____

When? Dates(s)_____

What was the result of the discussion(s)? _____

I (we) also understand that the District may request from me (us) further information about this complaint, and if such information is available, I (we) shall present it upon request.

I (we) also understand that a copy of this complaint will be given by the District to the person(s) against whom this complaint is being made, and s/he (they) will be given the opportunity to respond in writing to this complaint and that I (we) will receive a copy of such response from the District.

I (we) also understand that if a hearing is held on this complaint by the District or a committee thereof, such hearing will be held in Executive Session, with press and public excluded, and that I (we) will be informed of the time, date, and place such hearing will be held.

Executed this _____ day of _____, 19, at _____, WA.

Signature(s) _____

Issued 10/31/94