

Highline School District #401  
15675 Ambaum Boulevard Southwest  
Burien, WA 98166

**COMPLAINT AGAINST A SCHOOL DISTRICT EMPLOYEE**

TO: Superintendent Date \_\_\_\_\_

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

Description of complaint (include names, dates and places) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you discussed the complaint with anyone employed by Highline School District?

Yes  No

If so, please provide their name, date and outcome of the discussion(s).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that:

- 1. The School District may request further information about this complaint, and if such information is available, I shall present it upon request.
- 2. This complaint will be discussed with the person against whom it is being made, and a copy may be provided to that person at the discretion of Highline School District.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Address(es)

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