

**Skykomish School District**

**DISTRICT FORM**

**Policy 4220**

**Page 1 of 2**

**COMPLAINT CONCERNING STAFF OR PROGRAMS**

TO: Superintendent, Skykomish School District No. 404  
P.O. Box 325  
Skykomish, WA 98288

FROM: NAME(S) \_\_\_\_\_  
ADDRESS(ES) \_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_

Name of person(s) or program against whom 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 or administrator responsible for the program named in the complaint, his/her school principal, or his/her supervisor?

To whom have you spoken? Name(s) \_\_\_\_\_

When? Date(s) \_\_\_\_\_

What was the result of the discussion(s)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the resolution you are seeking? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, WA.

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

Original to Complainant/Citizen

Copy to Superintendent; Employee; Supervisor