

PLAIN LOCAL SCHOOL DISTRICT COMPLAINT FORM

Name of Person Filing Complaint (Complainant): _____

Address: _____

Telephone: _____ (Home) _____ (School/Work Location)

Status of Person Filing the Complaint: Student Employee Parent Other _____ (Specify)

Type of Complaint: Religious Racial Sexual Sexual Orientation Disability General

Has there been Violence? Yes No

Name of Person You Are Reporting (Respondent): _____

Status of Person You Are Reporting: Student Employee Parent Other _____ (Specify)

I WISH TO PROCEED WITH A/N **INFORMAL INVESTIGATION** **FORMAL INVESTIGATION**

Statement of Complaint (*Include type of harassment/violence, 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 #3362 and #4362, PLAIN LOCAL SCHOOL DISTRICT WILL ADDRESS THIS COMPLAINT. SIGN BELOW IF YOU WISH TO PROCEED WITH A FORMAL INVESTIGATION.

Signature of Complainant: _____ Date: _____