Code: **KL-AR(2)**
Revised/Reviewed: 8/19/10

Complaint Form

To be filed with: North Clackamas School District Building Administrator or Supervisor

To be completed by the Complainant:

Name: _____

Please identify yourself as a: ☐ Parent/guardian ☐ Student

☐ District employee, Title/position: _____

☐ Other: _____

Contact information:

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Email: _____

Please describe your complaint in detail, including all applicable dates, location and persons involved: (Attach additional pages and documents if necessary.)

Suggested Correction or Resolution:

Sign and date below:

_____ _____

Signature Date

FOR OFFICE USE ONLY

Complaint received by:

Name and title: Date:

Referred to: