

Orondo School District #13

PO Box 71 Orondo, WA 98843

(509)784-2443 Fax (509)784-0633

Orondo School District

Complaint Form in Cases of Discrimination, Harassment, Intimidation and Bullying

1. Name of Complainant(s): _____

2. State the specific nature of your complaint and other relevant facts and circumstances.
(Explain in narrative form)and furnish sufficient background so as to identify the person(s), action(s), and/or omission(s) that led to the allegation. Attach additional pages if necessary

3. Has the situation been discussed with individual(s) or supervisors involved? Yes No

If yes, to whom have you spoken? Names and dates: _____

Results of your discussion(s): _____

4. Resolution or remediation you would like to occur: _____

I (we) understand that the district may request additional information about this complaint and, if such information is available, I (we) shall provide it upon request.

Signature: _____ Date: _____

For Human Resources Only

Date Received _____

Received by: _____

Date Investigation Complete _____