



Date Received

Concern Reporting Form – Public

(For Parents, Students, and Community Members)

Date of event leading to complaint: _____

To: _____
Receiving Administrator

From: _____
First Name / Last Name

_____ Address

_____ City / State / Zip

_____ School Site

_____ Your Child's/Children's Name(s) (If Applicable)

Person filing complaint:

_____ Parent

_____ Student

_____ Community

Describe, in your own words, the grounds for your complaint including all names, dates, and places necessary for a complete understanding of the Complaint.

(Please use additional sheets, if necessary, to describe your complaint fully.)

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(continued)

Whenever possible, complaints directed to an individual should be discussed with that person prior to the filing of a written complaint.

1. Information regarding a student and/or employee must be kept confidential.
2. District policy and the law strictly prohibit retaliation against a complainant or any person participating in good faith in an investigation of a complaint.
3. All complaints should be filed in a timely manner.

To whom have you spoken to regarding this complaint? (*Name of the employee(s), administrators, or other district officials.*)

What was the result of the discussion?

What remedy or solution do you seek?

It is understood that additional information about this complaint may be requested from me (us) and if such information is available, I (we) will present it upon request.

I (we) certify under penalty of perjury that the foregoing is true and correct.

Executed the _____ day of _____, 20_____.

Signature(s): _____
