

South Lane School District 45J3

Code: KL-AR(2)
Revised/Reviewed: 7/11/05; 11/04/19
Orig. Code: KL-AR

Public Complaint Form

Date: _____

To: Employee* Administrator/Supervisor* Superintendent Board chair
 Board vice chair * Form available but is not required.

Initiated by: _____

Phone Number _____ Email _____

1. Please describe the details of your complaint.

2. Please describe the steps you have taken at the school level to resolve this complaint.

3. Please describe the solution you are seeking as resolution of this complaint.

Signature of complainant: _____ Date: _____

Received By: _____ Location: _____ Date: _____