

LAKWOOD SCHOOL DISTRICT #306

CITIZENS COMPLAINT FORM

This form is to be completed by a citizen who wishes to lodge a formal complaint against a district employee. Attachments may be made to this form.

NAME OF COMPLAINANT: \_\_\_\_\_

DISTRICT EMPLOYEE: \_\_\_\_\_

1. The nature of the complaint:

2. The person(s) with whom the complainant(s) has (have) worked to alleviate their concern:

\_\_\_\_\_

3. The remedy sought:

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

Disposition of Complaint by Building Principal/Supervisor:

\_\_\_\_\_  
Signature of Principal/Supervisor

\_\_\_\_\_  
Date

Complainant hereby [ ] ACCEPTS DISPOSITION  
[ ] WISHES TO PROCEED TO Superintendent/Designee

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date