KEARNEY PUBLIC SCHOOLS
320 W. 24TH STREET • KEARNEY, NE 68845 PHONE 308-698-8000 • KEARNEYPUBLICSCHOOLS.ORG

Personnel Complaint Form A

Name of Complainant:_____Date: _____

Address of Complainant: _____Date of Action Causing Complaint:_____

Name of Person Being Complained Against:_____

Details of Complaint *(Attach Documentation if Necessary)*:

Supportive Evidence or Witnesses *(Attach copies if necessary)*:

Signature of Complainant

**Return Form A to the corresponding building principal, administrator or supervisor.*