

KACB-E--PATRON COMPLAINT FORM PERSONNEL COMPLAINT
EXHIBIT

KACB-E1 - PERSONNEL COMPLAINT FORM

Date: _____

Your name: _____

Your child's name (if relevant to the complaint): _____

If you are a district employee, list building/department/position: _____

Address (Home): _____

Phone (Home): _____

Address (Business): _____

Phone (Business): _____

Best way to contact you: ☐ Home ☐ Work ☐ Cell Phone

Phone Number: _____

Name of employee about whom you are complaining: _____

Date(s) of incident(s): _____

Location(s) of incident(s): _____

Briefly describe the incident(s)/complaint(s):

If possible and appropriate, list the date on which you brought this complaint to the respondent employee and a description of how the complaint was resolved by the employee. If you did not bring the complaint to the employee, please explain why:

List any individuals that have personal knowledge of and/or witnessed the incident(s):

List any applicable district policies you believe you have been violated:

Are you interested in informal resolution with the employee you are submitting this complaint about?

What remedy is sought?

To be considered for investigation, any such complaint must have been filed within 180 days of the alleged occurrence.

ACKNOWLEDGEMENTS

I understand the following:

1. I have the right to be free of retaliation for filing this complaint. I agree to report any conduct I believe is motivated by retaliation for filling this complaint. I understand, however, that if this statement contains accusations I know are false, I may be subject to disciplinary action within the District and/or external legal action from those I have falsely accused. (NOTE: disciplinary action within the District only applies to district students and employees)
2. The respondent may be given a copy of this complaint to have the opportunity to respond to it.
3. I understand the investigating personnel are advocates for neither the complainant nor the respondent. Their responsibility is to investigate complaints from a neutral position to determine whether violations of District's policy and/or law have occurred.

CERTIFICATION

I certify that the statements made in this complaint are true and accurate, and that I have read and understand the statements made in the acknowledgements section of the complaint.

Signature of complainant

Date

Signature of administrator receiving complaint

Date

End of Exhibit KACB-E1 (8/25)