

Regulation

COMMUNITY RELATIONS

1007.2

COMPLAINT FORM

Complaint initiated by: _____

Date: _____ Phone Number: _____

Address: _____

Person(s) Involved: _____

Employee Involved: _____

Nature of Complaint: _____

Reviewed by District Supervisor and Employee

Date: _____

Date: _____

District Supervisor

Employee

Waterville Central School District

Approved by Superintendent: 12/13/13, 01/08/19, 06/08/21