Employee Misconduct_Complaint Form

REARDAN-EDWALL SCHOOL DISTRICT
215 East Spokane Avenue | PO Box 225
Reardan, Washington 99029
P. 509-796-2701 | F: 509-796-2169 | www.reardan.net

Please use this form to report a complaint involving a RESD employee.

Complainant Name: _____ **Date:** _____

Address: _____ **Contact Phone:** _____

❑ RESD Employee ❑ Parent ❑ Student ❑ Other: _____

Statement of complaint: Describe in your own words the nature of your complaint, including all relevant names, dates, and places necessary to understanding your concerns. Please attach additional pages if needed.

Remedies sought: Describe what you would like to see as a resolution to your complaint:

Have you discussed this matter with the individual(s) involved? ❑ Yes ❑ No

If yes, who did you speak with and when?

Name	Date

What was the outcome of your discussion(s)?

I understand that RESD may request additional information, and if such information is available, I shall present it upon request. I also understand that my complaint may be shared with the personnel identified in the complaint as part of the investigation process.

Send this completed form to:
Reardan-Edwall School District
Superintendent's Office
P.O. Box 225
Reardan, WA 99029

Signature **Date**

RESD SUPERINTENDENT AND HR OFFICE USE ONLY:

Date received:	Received by:	Investigated by:
Disposition:		