SCHOOL DISTRICT OF AUBURNDALE
FORMAL WRITTEN COMPLAINT

When completing this form, please refer to the following policy:
Policy 872 - Public Complaints about Personnel

Name: _____ **Date:** _____

Address:

_____

_____

Home Phone No: _____ **School or Work Phone No:** _____

Status of Person Making the Complaint:

❑ Student ❑ Parent ❑ Employee ❑ Community Member

Have I observed the situation myself?

❑ Yes ❑ No

Complaint is Regarding:

❑ Professional Staff Member
❑ Administrative Staff Member
❑ District Administrator
❑ Support Staff Member
❑ Athletics/Extra-Curriculars
❑ Educational Program
❑ Harassment
❑ Sexual Harassment
❑ Discrimination
❑ Other:

Name(s) of individual(s) against whom this allegation is being made:

_____

_____

Describe the allegation: _____

_____

_____

_____

How has the complainant (or the child of the complainant) been affected adversely?

_____

_____

_____

What corrective action is the complainant requesting? _____

_____

_____

Which supervisor/administrator has the complainant discussed this matter with and what was the outcome? _____

_____

_____

Who is the complainant requesting a conference with? _____

Date Complaint Filed: _____ _____

Signature of Complainant

Date Complaint Received: _____ _____

Signature of Person Receiving Complaint

Drop form off at District Office or mail to:
District Administrator
P.O. Box 139
Auburndale, WI 54412