

**Complaints**

Staff Complaints

COMPLAINT FORM

Name of Complainant: \_\_\_\_\_

Date: \_\_\_\_\_ Assignment: \_\_\_\_\_

Statement of Complaint:

Date cause of complaint occurred \_\_\_\_\_. State specific provision of law, district policy, or regulations alleged to have been violated (by number, letter code, section, (if known), or other reason for complaint.

**Site Level of Appeal (Step) 2**

Complaint:

Remedies Sought:

Signature of Complainants

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

COMPLAINT RESPONSE FORM

To: \_\_\_\_\_ Date: \_\_\_\_\_

From: \_\_\_\_\_

Name and position of responsible administrator \_\_\_\_\_

\_\_\_\_\_ Level of Appeal (Step) \_\_\_\_\_

Disposition of Complaint:

Supporting Evidence and Reasons:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Next level of appeal: \_\_\_\_\_

Deadline to file appeal: \_\_\_\_\_