

# PUBLIC CONCERNS AND COMPLAINTS

This form to be submitted to the Superintendent

Person(s) or group filing complaint: \_\_\_\_\_

Complainant's mailing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Complainant's e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Complaint is regarding:  Personal  Facilities and Services  Policy  Other

Person against whom the complaint is made: \_\_\_\_\_

Employee's position: \_\_\_\_\_ School or Department: \_\_\_\_\_

Has problem been discussed with the employee?  Yes  No Date: \_\_\_\_\_

Has problem been discussed with the employee's supervisor?  Yes  No Date: \_\_\_\_\_

Has problem been discussed with the school administration?  Yes  No Date: \_\_\_\_\_

Statement of complaint (description of incident or event, including date, place, time, additional persons, alleged improper conduct, etc. Use additional sheets if necessary):

Other witnesses or persons with information:

Action requested:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date of Complaint*