

School/Community Relations

Public Complaint Form

Person submitting the Complaint (Complainant):

Name: _____

Address: _____

E-Mail Address: _____

Contact #: _____

How would you like to be contacted? Alternate # _____

Description of Complaint: (Include specific dates, times, location, people involved, witness names and any other relevant details) (You may attach a written or typed statement)

What would you like to see happen?:

Name of Complainant: _____

Complainant's signature: _____ Date: _____

Name of Administrator or Other Staff Member

Accepting Complaint Form: _____

Signature: _____ Date: _____

Note: The investigation regarding the above complaint will be completed within ten days of the Administrator's signature. A written response to the Complainant will follow that investigation within five days of the completed investigation.

Note: The complaint, including the results of the complaint, and identity of the Complainant or witness will not be disclosed except: (1) as required by law or District Policy, (2) as necessary to fully investigate the complaint, or (3) as authorized by the Complainant.

(continued on reverse side)

Note: When an administrator receives a complaint from a parent about a teacher, Teachers' Collective Bargaining Agreement - Article 16 – Teacher Protection (A. **Parent-Student Complaints Procedures**) shall apply. Paragraph A of this Article requires the teacher to be notified of said complaint and the Administrator shall encourage the parent to contact the teacher to resolve the complaint. In the event the administration believes that actions alleged in the complaint could compromise the safety or well being of students, or could violate law or policy, the administration may choose to initiate an immediate investigation.

APPROVED: