

Public Concerns/Complaints Form
This portion to be completed by complainant

Date complaint is filed: _____

Person(s) or group filing complaint: _____

Complainant's Address: _____

Complainant's Phone: _____ Complainant's email address: _____

Has problem been discussed with Teacher/School/ Administration/Department?

Yes No Date(s): _____

Summary of the concern (description of incident or event, including date, place, time, and alleged improper conduct): _____

Summary of attempts made by complainant to resolve the issue: (be as specific as possible)

Signature of complainant

Date

This portion to be completed by district staff.

Steps taken by District to resolve concern: _____

Identification of other witnesses or persons with information about concern: _____

Signature of district staff addressing concern

Date