

District Complaint Form

Date _____ Time _____ a.m./p.m.

Name of Person Filing Complaint: _____

Address: _____

Phone Number: _____

Nature of concern:

Suggested Solution:

Has a previous complaint been filed? Yes _____ No _____

Person spoken with: _____

Administrative Resolution:

Concern Resolved _____

Further Action required _____

Complainant Signature: _____

Date: _____

*By signing above you understand that this complaint must be presented to the person who it is against. By signing above you attest that you have made all efforts to handle this complaint directly with the person who the complaint is against, with no resolution.

Administrator Signature: _____

Date: _____

