

Complaint Form:
Complaints Concerning District Employees

Name (please print): _____

Address: _____

Email Address: _____ Telephone Number: _____

1. Name of employee(s) who your complaint is regarding:

School or Program: _____ Position: _____

2. Has the complaint been discussed with him/her? () Yes () No

Date(s): _____

If not, please explain: _____

3. Description of Complaint: Please include all relevant information such as location, name(s), date(s), who was present and the name of the person's supervisor with whom you spoke in an effort to resolve the complaint informally. Please be specific; use additional paper if more space is needed:

4. What remedy or action would you like to see taken to resolve your complaint?



Signature

Date

*** TO BE COMPLETED BY ETIWANDA SCHOOL DISTRICT STAFF ***

Date Received by District

Received by