

# COMPLAINT FORM

Name and address of Person Making Complaint: \_\_\_\_\_

\_\_\_\_\_

Name of Person(s) Being Complained Against: \_\_\_\_\_

Date: \_\_\_\_\_ (Date of Action Causing Complaint)

- I request that:  This Complaint be used as a Conveyance of concern only  
 This Complaint be investigated and action be taken only if deemed necessary by the administration  
 Proposed policy change be brought before the Board

Complaint: (Attach another sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supportive Evidence or Witnesses: (Attach copies if necessary)

\_\_\_\_\_  
\_\_\_\_\_

Proposed Change in the following Policy or Guideline: \_\_\_\_\_  
(Attach copy of policy or guideline with proposed changes.)

In the event that this complaint results in subsequent hearing, I:

- Will be willing to attend hearings  
 Will Not be willing to attend hearings

\_\_\_\_\_  
Signature of Person Making Complaint

\_\_\_\_\_  
Date

Adoption Date: May 12, 2008