

PERSONNEL COMPLAINT FORM

Date: _____

Your name: _____

Your child's name (if relevant to the complaint):

If you are a district employee, list building/department/position:

Address (Home): _____

Phone (Home): _____

Address (Business): _____

Phone (Business): _____

Best way to contact you: Home Work Cell Phone

Phone Number: _____

Name of employee about whom you are complaining: _____

Date of Incident: _____

Location of Incident: _____

Briefly describe the incident:

List any individuals that have knowledge of and/or witnessed the incident:

What remedy is sought?

To be considered for investigation, any such complaint must have been filed within 180 days of the alleged occurrence. (Exception to the 180 days would be an accusation of sexual abuse).

If the complaint concerns the Superintendent or the Business Manager, the Board President will receive the complaint.

ACKNOWLEDGEMENTS

I understand the following:

1. I have the right to be free of retaliation for filing this complaint. I agree to report any conduct that I believe is motivated by retaliation for filling this complaint. I understand, however, that if this statement contains accusations that I know are false, I may be subject to disciplinary action within the District (NOTE: language only applicable to district students and employees) and/or external legal action from those I have falsely accused.
2. The respondent will be given a copy of this complaint in order to have an opportunity to respond to it.
3. I may have the right to file a complaint with civil rights agencies or to file legal actions in a court of law.
4. I understand that the investigating personnel are advocates for neither the complainant nor the respondent. Their responsibility is to investigate complaints from a neutral position to determine whether violations of district's policy and/or law have occurred.

CERTIFICATION

I certify that the statements made in this complaint are true and accurate, and that I have read and understand the statements made in the acknowledgements section of the complaint.

Signature of Complainant

Date

Signature of administrator receiving complaint

Date

(If the complaint concerns the Superintendent or the Business Manager, the Board President will receive the complaint.)