



USD320 Staff Complaint Form

Name of Complainant: _____

Supervisor: _____

Position: _____

Building: _____

Date of the event(s): _____

Please state your complaint. Include as many details as possible:

Please state the remedy you seek for this complaint:

It may become necessary to disclose your identity and/or complaint, as well as to conduct a formal investigation. Should such a disclosure become necessary, it will be only to the person(s) with a need to know your identity or the details and nature of the complaint.

I acknowledge that I have read this document and understand my obligation to provide information as needed and to cooperate fully and completely with any investigation of this complaint. Should it become necessary, I authorize USD320 to disclose my identity and/or details of this complaint.

Name of Complainant

Signature

Date Filed