



ASHLAND SCHOOL DISTRICT
885 Siskiyou Blvd.
Ashland, OR 97520

For Office Use Only
Date Received

COMPLAINT FORM

PLEASE PRINT •

NAME: _____ DATE: _____

ADDRESS: _____
NUMBER STREET APT. # CITY STATE ZIP CODE

HOME PHONE: (____) _____ OTHER PHONE: (____) _____

I AM A (Please check one): STUDENT EMPLOYEE PARENT _____
OTHER

I WISH TO COMPLAIN ABOUT :

Name of person, program or activity _____

Location: _____

I WISH TO COMPLAIN ABOUT THE FOLLOWING

(Please specify what happened, when, where, and how it happened, and who was there: _____

Attach additional pages if necessary.

Date of conduct which gave rise to this complaint: _____

If there are any witnesses to the alleged conduct or if there is anyone else who could provide more information regarding this, please list names, addresses, telephone numbers:

What do you think would be an appropriate remedy or resolution for this complaint?

I certify that the foregoing and any attachments are true and correct.

Executed on this _____ day of _____, 20____, at _____, Oregon.

SIGNATURE OF COMPLAINANT _____