



Tri-Valley School District 49-6



Policy AD-E: Complaint Form

PLEASE FILL OUT THIS FORM COMPLETELY – UNSIGNED COMPLAINTS WILL NOT BE ACTED UPON.

I / we _____ wish to file a formal complaint against _____.

The event(s) upon which this complaint is based are as follows:

(Please be as specific as possible. Use additional sheets as necessary.)

These events occurred: (Date)_____.

These events were witnessed by:

(List all witnesses)

1. _____
2. _____
3. _____
4. _____

Identify Board Policy, or State or Federal regulation you believe was violated:

State the action you believe should be taken:

Have you discussed this situation with the employee(s) involved? YES / NO

If not, why not?

Please be aware that making a false statement to a governmental organization like a school district can have serious consequences. In addition, a false charge may result in legal action taken by the person accused of wrongdoing.

Signature of Complainant: _____ Date _____

Signature of witness: _____ Date _____

Date received by Tri-Valley School District _____

Action taken by District: *(use attachments if needed)*

Adopted: 10/12/09

Reviewed: 10/11/21