



PCSSD COMPLAINT FORM

I am filling this form out as a (check one):

☐ Anonymous

☐ Faculty

☐ Staff

☐ Student

☐ Parent

NAME

DEPARTMENT (IF APPLICABLE)

SCHOOL and GRADE (IF APPLICABLE)

WORK PHONE

HOME PHONE

HOME ADDRESS

CITY

STATE

ZIP CODE

Have you brought this matter to the attention of any other department(s), campus, any administrator, or any district employee?
If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter

Complaint: Describe your complaint. Please summarize below. Include any person(s) involved in the incident and how you have contact with them. Also include a list of witnesses, if applicable, connected to the complaint. You may attach additional pages if necessary.

I certify the aforementioned is true and correct.

YOUR SIGNATURE

PRINTED NAME

DATE

Complaint taken by:

SIGNATURE

PRINTED NAME

DATE

Form Updated 4/14/2022

Pulaski County Special School District | 925 East Dixon Road, Little Rock, AR 72206 | 501.234.2000