

SCHOOL DISTRICT OF OKALOOSA COUNTY
Human Resources Department
FORMAL COMPLAINT FORM

Your Name: _____ Date: _____

Phone Number: _____

Status: ☐ Employee ☐ Parent ☐ Student ☐ Other (Specify) _____

Department/School: _____

Home Address: _____

Has School Admin been notified? Yes _____ No_____

If complaint involves potential illegal activity, has law enforcement been notified? Yes ____ No ____

Complaint Information

Employee About Whom Complaint is Being Lodged _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Please describe the incident in detail (attach additional sheet if necessary):

[illegible]

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If there are others who have witnessed the incident, please provide their information below:

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Is this the first time you have raised this concern about this person?

____ Yes ____ No

Do you have any suggestions for resolving the complaint? If so, please explain.

Do you have any additional information or complaints? If so, please explain.

Signature: _____

Print Name: _____

Date: _____

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FOR DISTRICT USE ONLY

Complaint received by: _____ Date received: _____

Please provide a duplicate copy to the complainant.