

**PARSONS DISTRICT SCHOOLS – USD 503**  
**Complaint Form**

District Contact: Superintendent of Schools      District Office, 2900 Southern Avenue      421-5950

Building Principal/Supervisor: \_\_\_\_\_

Name of Complainant	_____
Address	_____
Telephone	_____
Date	_____

Please describe the incident or act. Also, please include information about:

- What was the nature of the incident?
- When did it occur?
- Where did it occur?
- What effect did the incident have on you?
- Who was involved?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach Additional Sheets if Necessary)

Were there any witnesses to this incident?    Yes    No    If yes, please indicated who the witnesses were.

\_\_\_\_\_

\_\_\_\_\_

What action do you think the school should take regarding this incident? \_\_\_\_\_

\_\_\_\_\_

If this matter proceeds to a formal or informal hearing, will you appear and testify as to your knowledge of the matter?

Yes                       No

Complainant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parsons USD 503 Board of Education policies prohibit discrimination on the basis of race, color, national origin, disability, religion and sex in all programs and activities of the district. Additionally, discrimination on the basis of age is prohibited in employment. Harassment of individuals on any of these grounds is strictly prohibited.

Initial Action Taken by Supervisor:

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Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Notification:

By:

Date:

<input type="checkbox"/> Police Department	_____	_____
<input type="checkbox"/> Superintendent of Schools	_____	_____
<input type="checkbox"/> Board of Education	_____	_____

Review of Complaint Follow-Up:

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Signature \_\_\_\_\_ Date \_\_\_\_\_