Evergreen Public Schools

**FORMAL STAFF COMPLAINT FORM**

In accordance with Policy and Procedure 5270 Resolution of Staff Complaints and/or Policy and Procedure 4220 Public Complaint Resolution

_____

Please Check One: Student _____ Parent/Guardian _____ Staff _____ Other/Volunteer_____

Name (please print): _____

Where can we contact you? Location: _____

Phone: _____

Email: _____

Date of Incident: _____ Location of Incident: _____

Individual your complaint is about:

_____

Name of Individual you have reported the complaint to: (Write names in spaces provided)

- District Office Staff _____ Date: _____
- Principal _____ Date: _____
- Assistant Principal _____ Date: _____
- Counselor _____ Date: _____
- Teacher _____ Date: _____
- Supervisor _____ Date: _____
- Staff Member _____ Date: _____

What was the result of the discussion(s)? (Submit additional sheets if necessary)

_____

_____

_____

Revised 5.02.23

Explanation of Complaint:

A) Please explain your complaint as clearly as possible, using additional sheets if necessary. Specifically include details about location, dates, times, and witnesses.

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B) Briefly describe the remedy you are seeking to resolve your complaint:

_____

_____

_____

_____ _____

Signature of Complainant Date

| Received by HR: _____ Date: _____ |
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Revised 5.02.23