



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)

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.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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

Signature of Complainant

Date

Received by HR: _____ Date: _____