

Policy:	File:
Complaint Report Form	KE-E
Adopted:	Revision:
May 2023	

Complaint Report Form

Instructions: This form is to be completed by the complainant in regards to a specific incident or concern. This is Step 2 referenced in Policy Regulation KE-R. This formal complaint is to only be completed upon prior completion of Step 1 of Policy Regulation KE-R. This completed form should be turned in to the directing administrator or supervisor of the party responsible for the complaint/issue.

Date of report:	
Date of incident:	
Name of person making the report	::
Check one: [] Student [] Pa	rent/Guardian [] Staff [] Other (Specify:)
If a student, school and grade:	
Contact information of person rep	orting:
Phone:	Email:
Check if you prefer to prefer to rer	nain anonymous: [] Yes [] No
To whom do you believe the comp	laint effects?
Name:	[] Student [] Staff [] Other
Name:	[] Student [] Staff [] Other
Person(s) believed to have witness needed):	ed or have knowledge about the incident (use reverse side i
Name:	[] Student [] Staff [] Other
Name:	[] Student [] Staff [] Other

Per Policy Regulation KE-R, did you already dis district employee responsible for the event or	-
Details:	
Description incident(s):	
	<u> </u>
By completing and signing this form, I attest the attached incident-related evidence, is true and	
Signature:	Date:
For Offi	ice Use Only
Received By:	Date:
Position/Title:	

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