Sunnyside School District #201

4220F
Community Relations

COMPLAINT AGAINST A SCHOOL DISTRICT

TO: Superintendent **Date:_____**

Name of person(s) or program complaint is made against: _____

_____

Description of complaint – **please include names, dates, and places:** _____

_____

_____

_____

	Yes	**Name**	**Date**
Have you discussed the complaint with employee?			
Principal?			

Result of discussion(s) _____

_____

I understand that:

1. The School District may request further information about this complaint, and if such information is available, I will present it upon request.
2. A copy of this complaint will be given by the School District to the person against whom this complaint is being made, and he/she will be given the opportunity to respond in writing to this complaint and that I will receive from the School District a copy of such response.
3. If a hearing is held on this complaint, I will be informed of the time, date, and place such hearing will be held.

_____ _____

Signature(s)

_____ _____

Address (es)

(You may use additional pages to describe your complaint more fully if you so desire).