

## TREYNOR COMMUNITY SCHOOLS General Complaint Form

*\* This policy deals with general complaints. Complaint forms and policies for bullying or harassment, discrimination, abuse of students by District employees, as well as the District's Level I Investigators can be easily accessed on the school's website by clicking on the "District" and "Policies" tabs.*

**\*\* This form to be completed after participating in the informal resolution process.**

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Work / Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

**Complaint:** Please write the nature of the complaint. (This should be a description in your own words of the grounds of your complaint, including all names, dates, and places necessary for a complete understanding of your complaint.) You may attach additional pages.

Please describe what efforts you have made to resolve the complaint with the individual(s) involved:

Please list any witnesses or individuals with knowledge of the events described in the complaint:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

How would you like the District to resolve your complaint?

I understand that it is the practice of the District to conduct an investigation of my written complaint, maintaining confidentiality to the extent possible. I understand that during the course of this investigation, it may be necessary to reveal my identity and other facts discovered in this inquiry to the respondent, District administrators, or persons who may have further information or responsibilities relevant to my complaint.

Signature: \_\_\_\_\_