

GENERAL COMPLAINT FORM

To: Superintendent Schulze

From: _____
Name

Address

Phone number

<p>For Staff Use</p> <p>Recvd. by: _____</p> <p>Date: _____</p>
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Date: _____

Please document the nature of your complaint including the name(s) and date of the incident. Return the document to the Superintendent's Assistant. The Superintendent (or designee) will investigate the complaint and respond to you in a timely manner. Thank you.

Indicate the general type of complaint

- Against a Staff Member (Provide name) _____
- Against the School (What school) _____
- Against the District (Topic) _____
- Other _____

Please describe the complaint: _____

Your signature