

HIGHMORE-HARROLD SCHOOL DISTRICT #34-1

GBMA-E - COMPLAINT CONCERNING SCHOOL PERSONNEL FORM

Answer all questions. If a question is not applicable, state such. Use reverse side, if necessary. Please print or type.

FULL NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

Complaint Represents:

Self: _____

Others (Please Identify): _____

Organization (Please Identify): _____

What specific actions, statements, or negligence do you object to?

When, and how often, do you believe these have occurred?

How and on what evidence did you learn of the situation?

What action do you feel should be taken to correct the situation?

Comments:

Signed _____