DISTRICT COMPLAINT FORM

Any parent, student, community member or applicant who has a complaint regarding an employee, a District policy or other condition of the Rio Elementary School District, may submit their complaint by completing this form and filing it with the school principal or appropriate District administrator. The Superintendent or designee shall determine whether a complaint should be considered a complaint against the District and/or an individual employee, and whether it should be resolved by the District's process for complaints concerning District employees and/or other District complaint procedures. For detailed explanation of the complaint process, see BP and AR 1312.1. (If your complaint alleges an issue of discrimination or failure to comply with certain specified state or federal laws, please use the Uniform Complaint Form instead of this form. If your complaint alleges deficiencies in instructional materials, teacher vacancy or misassignment, and maintenance of facilities, please use the Williams Uniform Complaint Form instead of this form.)

Name of Complainant: ____________________________ Date of Complaint: __________

Check One: □ Staff Member □ Parent □ Student □ Applicant □ Community Member

Address: ____________________________

Phone Number: Day ______ Evening ______ Cell ______

Please describe your complaint as specifically as possible, using dates, times, names, locations or situations (use additional paper, if necessary):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have you talked to anyone about your complaint? If so, please provide information below:

Name(s): ____________________________ Date: __________
Name(s): ____________________________ Date: __________
Name(s): ____________________________ Date: __________

What action or remedy are you seeking in order to resolve this complaint?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Complainant ____________________________ Date __________

Your complaint will be forwarded to a District administrator who will contact you. The information you provide will be kept confidential except as necessary to investigate and resolve your complaint.