Board Policy #	:
Adopted/Ratifi	ied:
Revision Date:	<mark>April 11, 2018</mark>

COMPLAINT FORM

Your Name:	Date:
Date of Alleged Incident(s):	
Name of Person(s) you have a complaint against: _	
List any witnesses that were present:	
Where did the incident(s) occur?	
Please describe the circumstances, events, or corproviding as much factual detail as possible (i.e. spewas involved; any verbal statements; what did you apages, if needed):	ecific statements; what, if any, physical contact
I hereby authorize Charter School to disclose the in in pursuing its investigation. I hereby certify that the is true and correct and complete to the best of my providing false information in this regard could retermination.	e information I have provided in this complaint y knowledge and belief. I further understand
Signature of Complainant	Date:
Print Name	_
To be completed by Charter School:	
Received by:	Date: