

**Columbia Heights School District
COMPLAINT FORM**

Name: _____

Representing: Self _____ Others _____ Organization _____

Name of Employee: _____

1. What is the complaint? (Please be specific. Use the reverse side if necessary.)

2. Describe the action(s) which gave rise to the complaint?

3. Where did the action(s) causing the complaint occur?

4. I have discussed this complaint with the employee. Yes _____ No _____

5. I have discussed this complaint with the appropriate administrator. Yes_____ No_____

6. What steps might be taken to resolve this matter?

Signature of Complainant

Date

PLEASE RETURN COMPLETED FORM TO THE SUPERINTENDENT'S OFFICE