

**Astoria School District 1C**

Code: **KL-AR(2)**  
Adopted: 2/08/90  
Revised/Readopted: 8/14/03; 3/08/17; 8/09/17  
Orig. Code(s): KL-AR(2)

**Complaint Form**

I, \_\_\_\_\_, hereby file the following complaint with

\_\_\_\_\_  
(Name of Administrator Receiving Complaint)

Description of complaint (include as many specific details, in sequence, as possible, such as names, dates, time, number of occurrences and locations):

\_\_\_\_\_ Mark here if additional sheets used and attached to complete description.

The above information is a complete and accurate report of the facts regarding the basis of this complaint as I know them. I understand that I will receive a report regarding the results of an investigation of the basis for filing this complaint within ten days unless extenuating circumstances make such impractical. If the complaint finding report is not filed within ten, the reason for the delay will be included in that report which shall be filed as soon as possible.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

Name of Investigating Administrator: \_\_\_\_\_

If the complaint is made against a member of the licensed or classified employees' bargaining units, it must be discussed with the employee in accordance with applicable provisions of the employee's collective bargaining agreement.

\_\_\_\_\_  
Signature of Employee being Complained Against

\_\_\_\_\_  
Date

Copies to be attached to the complaint form and sent to:

White - Superintendent      Pink - Complainant      Yellow - Employee      Goldenrod - Principal