

Coos Bay School District 9

Code: **GBM/KL-AR(2)**
Revised/Reviewed: 11/14/16

Complaint Form

Please use of this form for general complaints. For more information about the complaint process, please call the superintendent's office at 541-267-1310. Attach additional sheets to this form, if necessary.

Describe complaint: _____ Date of Incident: _____

Source of your information: _____

Action requested: _____

Print name here: _____ Telephone: _____

Signed: _____ Date: _____

Address: _____

For Administrator Use Only

Policy KL/GBM Documentation

Licensed Staff Documentation

Date complaint received: _____

Date complaint received: _____

Received by: _____

Received by: _____

Date response sent: _____

Date met with staff: _____

Attach copy of response and other documents to this form for your records.

Date response sent: _____

Attach documents to the form for your records.

Date sent to Human Resources: _____