Forest Grove School District

Code: **KL-AR(2)**

Revised/Reviewed: 3/31/00; 9/12/16 Orig. Code(s): KL-AR

Complaint Regarding an Employee, Program or Practice

The district is interested in receiving suggestions, complaints and commendations involving employees or programs.

Name of Employee/Program:	Date of Su	aggestion, Complaint or Commendation	
Nature of suggestion, complaint or commen	ndation: (Please attach additiona	al pages as needed)	
Source of your information:			
If a complaint, remedy sought:			
Signed:	Date:		
Address:	Telephone	»:	
	-For Office Use Onl	y-	
I have read the above, but do not necessari	ly agree.		
Employee Signature:		Date:	
Supervisor Signature:		Date	
Disposition of Complaint:			
Date:	Signature:		

Forest Grove School District 1728 Main Street | Forest Grove, OR 97116