

# La Grande School District 1

Code: GBM-AR  
Revised/Reviewed: 4/12/16; 10/10/18  
Orig. Code: GBM-AR

## Staff Complaint Form

To: \_\_\_\_\_

Name of School: \_\_\_\_\_

Person Making Complaint: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Nature of complaint (personnel policy or administrative regulation that is violated):

Who should we talk to and what evidence should we consider?

Suggested solution/resolution/outcome:

**Note: All complaints will follow the chain of command. Administration/Supervisor shall respond in writing at each level within 7 working days.**

Office Use: Disposition of Complaint:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

cc: District Office