

Mt. Angel School District 91

Code: **GBM-AR**
Revised/Reviewed: 7/29/16

Staff Complaint Form

TO: District Office _____ (Name of School)

Person Making Complaint _____

Telephone Number _____ Date _____

Nature of Complaint _____

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

Suggested solution/resolution/outcome: _____

Office Use: Disposition of Complaint: _____

Signature: _____ Date: _____

cc: District Office