

Ontario School District 8

Code: **GBM-AR**
Adopted: 8/18/10

Complaint Form

Name of complainant: _____

Position of complainant: _____

Date of complaint: _____ Date of incident(s): _____

Description of the problem: _____

Witnesses, if any: _____

Evidence (letters, pictures, etc., describe and attach): _____

Any other information: _____

I agree that all of the information on or attached to this form is accurate and true to the best of my knowledge.

Signature: _____ Date: _____