

**Phoenix-Talent
School District 4**

Code: **KL-AR(2)**
Adopted: 12/1/83

Form 713 - Hearing Request Form

PHOENIX-TALENT SCHOOL DISTRICT #4
401 W. 4th Street
P. O. Box 698
Phoenix, Oregon 97535

I request a hearing before the Board regarding this complaint.

Name of person filing complaint _____

Address _____ Phone _____

Description of problem (Use back, if needed) _____

Has this complaint been discussed with the following people? (Please check)

- Employee against whom the complaint is filed?
- Direct supervisor of above employee?
- Superintendent?

If not, please explain. _____

I will represent myself.

I will be represented by _____

Name

Title

Date

Complainant's Signature

PLEASE RETURN THIS FORM TO THE SUPERINTENDENT

Date

Superintendent's Signature