

**Port Orford-Langlois
School District 2CJ**

Code: **KL-AR(2)**
Revised/Reviewed: 9/10/12

Complaint Form

For Assistance in filling out this form, please contact the District Office at 541-366-2111

Name: _____ Phone: _____

Address: _____

Do you register this complaint as a:

- Parent or guardian
- Student
- Employee
- Community member
- Spokesperson for a group or organization

Nature of complaint:

- Against an employee
- For violation of policy
- For violation of state standards
- For racial or other forms of harassment
- Other

If as a spokesperson for a group or an organization, please identify the group:

What is the nature of your complaint? Please be specific, i.e., is the complaint against a teacher procedure or method? Against disciplinary action taken? Against mishandling of a particular situation? Who is involved? What standard has been violated? (Feel free to attach additional pages to any and all questions.) Please state the time, date, and location of the event or action giving rise to this complaint.

Have you discussed this matter with the person(s) involved? _____

Have you discussed this matter with the building principal? _____

Do you have a personal knowledge of the situation you have described above? _____

If so, when and how did you come to discover this information? _____

If not, what is the source of your information? _____

What remedy are you seeking? _____

Date: _____ Complainant Signature: _____

This complaint must be filed within 5 days of the incident.