

# Beaver County School District Complaint Form

Instructions: Please submit this form to the supervisor of the person or program of your complaint. The supervisor will tell the employee(s) involved that this complaint has been filed. The information you provide will be kept confidential except as necessary to investigate and resolve your complaint.

Should you have any questions about the complaint policy or procedures, please contact the school site principal or the superintendent.

## Complaint Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ School \_\_\_\_\_

Date of events this complaint is based on: \_\_\_\_\_

Please describe your complaint as specifically as possible, using date, times, names, locations or situations.

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With whom have you conferred to resolve your complaint?

Names (s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

What action or remedy are you seeking to resolve this complaint?

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\_\_\_\_\_ email this form to: david.long@beaver.k12.ut.us