

Tigard Tualatin School District 23J

COMPLAINT FORM

TO: Employee* Administrator/Supervisor* Superintendent Board chair Board vice chair

* Form available but is not required.

Person Making Complaint _____

Phone Number _____ Email _____

Nature of Complaint _____

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

Suggested solution/resolution/outcome: _____

Signature of Complainant: _____ Date: _____

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Office Use

Disposition of Complaint: _____

Signature: _____ Date: _____

cc: District Office