

District Complaint Form

Name:	Date:
Address: Email:	Phone:

1. Who or what is the complaint against?	
2. Has this been discussed with him/her directly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates:	
3. Description of Complaint: <i>Please include all important information such as location, names, dates, who was present, and to whom it was reported. Please use additional paper if more space is needed.</i>	
What remedy or action do you suggest?	
Best meeting date(s) and time(s) for you:	

Signature: _____ Date: _____

District Use Only:	Date received by the District: _____
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