

COMPLAINT FORM "A"

Name and address of complainant _____

Complainant Represents:

Self _____

Other _____

Other Group (Please Identify) _____

Date(s) of Action Causing Complaint _____

Name of Person(s) Causing Complaint _____

Complaint: This is to include what specific actions or statements to which you object; when and how often you believe these incidents have occurred. (Attach another sheet if necessary)

Supportive Evidence of Witnesses: (Attach copies of materials if necessary)



Signature of Complainant

Date

Please present this form to the building principal or superintendent.