

COMPLAINT FORM
URBANDALE COMMUNITY SCHOOL DISTRICT

Date Filed: _____

Name of Complainant: _____

Telephone Number: _____

Address: _____

Statement of Complaint (include specific statement of incident(s), dates, persons involved, witnesses, and any other pertinent facts):

Remedy Sought:

Date you held informal meeting with employee involved: _____

Signature of Complainant

Date

Date Received by District employee: _____

Response by employee:

Signature of Employee

Date

I wish to have this reconsidered by the employee's supervisor.

Signature of Complainant

Date

Date Received by Supervisor

Date of Conference with Supervisor

Response by Supervisor:

Signature of Supervisor

Date

I wish to have this reconsidered by the Superintendent or his/her designee.

Signature of Complainant

Date

Date Filed with Superintendent

Date of Conference with Superintendent

Response by Superintendent:

Signature of Superintendent

Date

I wish to have this matter placed on the Board agenda:

Signature of Complainant

Date

Dated Received by Board Secretary: _____

Placed on Board Agenda for: _____
Date

Time