

COMPLAINT CONFERENCE FORM

INSTRUCTIONS TO THE MANAGEMENT TEAM MEMBER REVIEWING THE COMPLAINT: Please use this form to document any complaints concerning employees. This form should be used at the site/ department level when processing complaints at Level 1 or Level II of Administrative Regulation 1312.1 *Complaints Concerning Employees*.

To (*Supervisor*): School/
 Department:

From
 (*Complainant name*): Contact Phone
 and Email:

COMPLETE THIS SECTION OF THE COMPLAINT INVOLVES A STUDENT

Student Name(s): Grade:

CONFERENCE HELD:

Date Time

Present:

1. NATURE OF THE CONCERN

2. REMEDY SOUGHT BY COMPLAINANT

3. NEXT STEPS

4. RESOLUTION

OFFICE USE. Received in HR:	<input type="text"/>	Reviewed in HR:	<input type="text"/>
	<small>(Date & time stamp with initials)</small>		<small>(Date & initials)</small>
Complaint routed to:	<input type="text"/>	Initial the level of the final disposition	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<input type="text"/>		<input type="text"/>	
Signature of Appropriate District Administrator		Date	