Chinook School District

GRIEVANCE/COMPLAINT FILING FORM 5240F

This Grievance/Complaint Form may be used to file all written grievances or complaints (level 2) with the Chinook School District as outlined in district policy. Retain a copy of this form for your records.

Date: _____

Your name: _____

Your School and/or Position: _____

Place Where You May Be Reached: _____

Address: _____

Phone: _____

THE FACTS: (Please describe what happened in factual detail. Please identify witnesses or others who were present. Please identify any person(s) you believe may be responsible.) Use additional paper if needed.

PAST HISTORY: (Please describe any past incidents that you believe are related to this complaint) Use additional paper if needed.

SUGGESTED REMEDY: (Please describe any corrective action you wish to see taken with regard to the complaint. You may also provide other information relevant to this complaint) Use additional paper if needed.

_____ _____

Signature of Complainant Date Signature of Person Receiving Complaint Date