IDAHO FALLS SCHOOL DISTRICT #91

POLICY 4110 PUBLIC COMPLAINT FORM 4110F1
This Form is Confidential

Your Name: _____ ***Date:*** _____

School or Department: _____

Address: _____

Phone Number: _____

Email Address: _____

Please describe the specific complaint, dates, individuals involved, witnesses, and details that will assist in the investigation of the complaint. If you have previously discussed your concern with an employee of the Idaho Falls School District #91, please provide that information.

The statement that you provide below will be used to conduct an investigation which will include communications with those involved in the complaint. Please note that the administration, where appropriate will first seek resolution. Complaints specific to employees require due process. When a resolution is unsuccessful, a system for appeals will be provided. Please see policy 4110 Public Complaint for additional information. Thank you for your assistance in this matter.

Statement:

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If additional space is needed, please attach additional page(s).

Signature: _____