

**POLICY TITLE: Complaint(s) Concerning District  
Employees  
Minidoka County Joint School District # 331**

**POLICY NO:  
410.00F  
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*Please note that before filling out this form, the appropriate procedure (chain of command) for handling a complaint should be followed. Please fill out this form or submit the information in a letter.*

Person making complaint \_\_\_\_\_ Phone Number: \_\_\_\_\_

Complaint made against \_\_\_\_\_

When did this happen? Date: \_\_\_\_\_ Time: \_\_\_\_\_

Where did the incident occur? \_\_\_\_\_

Did you report your concerns to any school district employee? Yes \_\_\_ No \_\_\_

If yes, who did you report the complaint to? \_\_\_\_\_

Please describe your complaint/incident as clearly as possible. Be sure to include as much information as possible.

Please list any witnesses if applicable: \_\_\_\_\_

*My signature attests that the foregoing information is true and correct to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date