

West Irondequoit Central School District
Standard Complaint Form

3230F

This form is to be used in conjunction with Board of Education policies for complaints that do not involve discrimination or harassment and for reports of suspected official misconduct that may require investigation and corrective action by the District.

Please use this form to file your initial complaint or report and any subsequent appeals. Feel free to attach extra pages if you need more room. Include anything you feel may be helpful in addressing your concern. Keep copies of whatever you submit.

Complainant:

Name: _____ Position: _____

Mailing Address: _____

Telephone: _____ Date Filed: _____

Statement of the Concern:

(Please describe the situation on which your concern is based. Where known, give the date, time, place, and person(s) responsible. Include the names of any witnesses or persons with knowledge of the situation. Attach any evidence or documentation that is relevant. Use extra pages if you need to.)

Remedy Sought by Complainant:

Complainant's Signature: _____

Received by: _____ Title: _____ Date: _____

Please submit the completed form to the appropriate principal or other administrative official.

District Actions

Step 1: Principal/Administrator's Decision:

Date: _____ Signature: _____
(Principal/Administrator)

Complainant:	<input type="checkbox"/> Accepts decision <input type="checkbox"/> Appeals decision	Complainant's Signature: _____	
Date Received by Principal/Administrator:	_____	Principal/Administrator's Signature:	_____

Step 2: Superintendent/Designee's Decision:

Date: _____ Signature: _____
(Superintendent)

Complainant:	<input type="checkbox"/> Accepts Superintendent's decision <input type="checkbox"/> Appeals Superintendent's decision	Complainant's Signature: _____	
Date Received by Superintendent:	_____	Superintendent's Signature:	_____

Step 3: Board of Education's Decision:

Date: _____ Signature: _____
(for Board of Education)