



**West Bolivar Consolidated School District
District Level Complaint Form**

The person completing this complaint is hereby informed that the District will share the information on this form with the employee(s) or student(s) involved and, to the extent necessary, with the appropriate person(s) who must be contacted in order to investigate the claim. Attach additional pages if needed.

Completed forms should be submitted to the superintendent at wsmith@wbcsdk12.org

Date: _____

Complainant's Name: _____ Work Site: _____

Address: _____ City: _____ State: _____ Zip: _____

For complaints involving a employee, please provide his or her name and work site:

Employee's Name: _____ Work Site _____

Have you spoken to the accused about your complaint: Yes No If so, date(s): _____

Complainant Signature: _____

Please provide a specific detail of this complaint. Please include names, dates, previous discussions, etc.

-----For Office Use-----

Received by: _____ Date received: _____

Action taken: _____

Complainant contacted: Yes No Date Complainant Contacted: _____

Name of Complainant Contacted: _____

Check one: Resolved Unresolved / Superintendent's Signature: _____